TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pinysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
1271()

a. COUNTY death	a. SIMAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
b. CITY OR TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederickeive nearest town) 5 days	Middletown
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   6. IS RESIDENCE
Frederick Memorial Hospital	Route 2
3. NAME OF First, / Middle	Last 14. DATE Month Day Year
(Type or print) Wilber M.	Aha/T DEATH 9 28 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male   white   wIDOWED   DIVORCED	3/11/1878 88 prs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired) LNDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY.
farm owner, ret.   farm	Frederick Co., Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Foster Ahalt	Martha Sheffer
(Vac ma as sunhamm) (I force nine more an distance of commiss)	INFORMANT Address ROUTE 2
	. Minnie Ahalt, Middletown, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  YO COAST	or proportion
DUE TO CITTORNO	enote Mant Misea
Cenditions, If any, which gave rise to immediate (b)	70-0-0
cause (a), stating the DUE TO underlying cause last.	
[6]	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)
1 Have a m	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State) y, street, office bidg., etc.)
Hour a.m.  p.m.  19  While Not While at work   factor	), 34 cct, 91100 bidg., 210./
	- 26 - 1966 to 7-28-19 65 that (1) (we) last
	death occurred at // A.M., from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 122d, ADDRESS
NAME (Type) ROBERT D. CROUCA	806 Toll House Ave Frederick
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 10/1/66 Lutheran Cen	netery Middletown, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Gladhill Company, Middletown, Md.	DATE OF STORY

VR #15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12216 CERTIFICATE OF BEATH						
1.	PLACE OF DEATH		2. USUAL RESIDENCE (When	re deceased lived, If institution: R	lesidence before admission)	
	a. county frederick	MARYLAND	a. STATE MAYU/	Aud b. COUNTY F	domick	
	b. CITY OR TOWN (if outside corporate limits,	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	corporate limits, write RURAL	and give nearest town)	
	write RURAL and give nearest town)	41.12	Pural -	DickersTow	TAI JAI	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	coltal give street address)	d. STREET ADDRESS	pichersion	8. IS RESIDENCE	
	[ 1 '12 xa		D+ . T	DT.	ON A FARM?	
	Trederick Memori			Kerslown	YES NO X	
3.	NAME DF First DECEASED	Middle	01		Day Year	
-	(Type or print) January	LAINE	1 LU DOCTO	EATH 9	11 19 66	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 48.	OATE OF BIRTH	9. AGE (In years   IFUNOER   last birthday)   Months	Oavs Hours Min.	
	terrale ( Regro   WIDOWED [	OIYORCEO /	1-26-1948	17 yrs.		
10a	USUAL OCCUPATION (Give kind of work done 10b. KIN ing most of working life, even if retired) IND	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & S	State, or foreign country)   12. Cl	TIZEN OF WHAT	
	Typist (Studen) 1 -		trederich	2, MATYLAND	U.S.A	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE /		
1	laurice floud Amb	ush	Shirley lab	NSON		
	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SC	OCIAL SECURITY NO. 17.	INFORMANT	Address	,	
(16	s, no, or unkown) (If yes give war or dates of service)	9-48-8755 MA	urice Floyd Am	tuch RAIDA	ckerson, and	
1	18. CAUSE OF DEATH [Enter only one cause per line		1 A . A	TUSH TIT WA	I INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	A man of M	I hi alman		ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	contina of	reconvery		2/120,	
	DUE TO	/	[]			
	conditions, If any, which gave rise to immediate (b)		7			
	cause (a), stating the DUE TO					
2	underlying cause last. ) (c)					
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO BEATH BUT NOT RELAT	ED TOTHE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?	
FICA					YES NO	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING []   20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of Injury	In Part I or Part II of Item 18.	)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
EDICAL	and the state of t		E OF INJURY (Home, farm, 20 y, street, office bldg., etc.)	of. (City or town) (Cou	nty) (State)	
MEDI	Hour a.m. While at work	Not While A	y, street, whice plug, cit.)	,		
~	21. I certify that (I) (this hospital) attended		ine 1966	to sekel 196	E. that (I) (we) last	
	saw the deceased alive on 16/24	and 11 /1"	1 000	, from the causes and on th	- /	
	22a. SIGNATURE	to the side	death booth or day		ATE SIGNED	
	TO ROYTHIA	M.D.	ATTENDING MED.	OR PHYS. D 9/	17/66	
	2Zc. PHYSICIAN'S	1	22d. ADDRESS	11110	-	
	NAME (Type) Le Roy T. Da	vis	Profession	nal Bldg, Fred	erick, Nd	
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or cou		
T	REMOVAL (Specify)	ST. JAMLS C	1	6 1 101	10 md	
-5-	JUNIAL 17-20-19661	DINAMIS (	narch	Trederick (	o olon avilor	

1966

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any mvent, within 72 hours after death. cuted within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

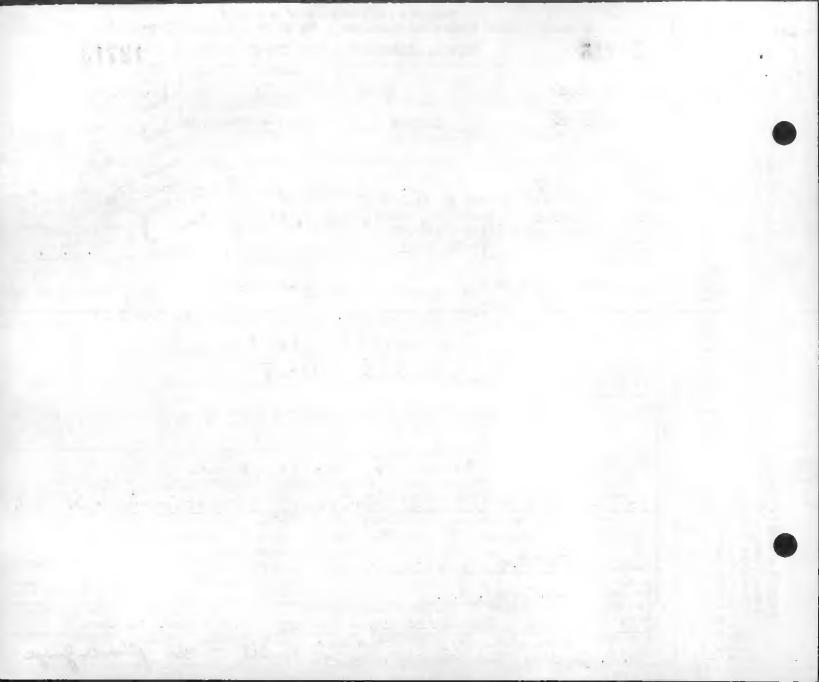
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FAITH	DEPT	1	1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if inst	(Julian: Pasidana hafara admircian)	
S C S	-			Frederick	MARYLAND		OUNTY Cook	
Po 30	deoth.		-	o, CITY OR TOWN (If outside corporate limits,	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give negrest town)	
mnd ma.	ate Department of hours after death			Frederick R.D.6		/Dayton/ Stone Park	//	
22	of			NAME OF HOSPITAL OR INSTITUTION (if not in hospit	ol, give street oddress)	d STREET ADDRESS	e IS RESIDENCE	
es 1, form	State De	00		TURAL		CHRIGHTH FATTHESON HALF	98. ON A FARM? YES NO D	
dinati re Pog	225			NAME OF First DECEASED Type or print) Oliver	Patrick A	K WOTTH OF	nber 4,1966 19	
Giv	with th		S.	EX 6 COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HR	
18. 18.				Male White WIDOW		July 26,1925 4T birthdoy	5.	
開開	THE REAL PROPERTY.			ng most of working life, even if retired)	INDUSTRY	11. 8IRTHPLACE (Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY?	
l in	poges in any	1	13	Flier / L	JSAF	14. MOTHER'S MAIDEN NAME	U.S.A.	
vithir			1	PATRICK ARQUI	1/4	ROSZ GUZIE	R	
EX	E 5		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I		ddress	
ng dical	burial-transit permit- motion, or removal.		(Ye	(If yes give war or dotes of service)	347-18-0412	USAF KILLOR	e DS	
mdi Me	pe			18. CAUSE OF DEATH (Enter only one couse per line	for (o), (b), ond (c).)		INTERVAL BETWEEN	
pe ief	insi or r	1		PART I. DEATH WAS CAUSED 8Y- IMMEDIATE CAUSE (o)	las in areo pla	ne accident body torn	ONSET AND DEATH	
2 2 5		1		DUE TO	-			
we the	a burial-tı cremotion,				shreads			
the to	a br			rise to immediate couse (a). DUE TO				
s certificat e, writing forwarded	as o			lost (c)				
writing warded	used as burial,			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	19. WAS AUTOPSY	
e, v forv	S o	2	CERTIFICATION				PERFORMED? YES <b>XC</b> NO	
cat	r to	~	FIG	20o. EXTERNAL CAUSE WAS PRIMARY → OF CONTRIBUTING →	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of item 18.)		
*= -	lles. should I t, prior		CERT	PRIMARY CO or CONTRIBUTING CONT		lane which exploded		
e cert shauld	sho sho		CAL			CE OF INJURY (Home, form, 20f. (City or town)	(County) (State)	
e 4 s	age 3	m	MEDICAL		hile Not While Rur	one street office bldg atc.)	Frederick. Md	
Pog	~~	ted	pet		21. I certify that I took charge of the	remains described above, he	ld an Autapsy 🗷 , Inspection 🔀 , In	aquiry , and in my apinio
EXE	d to				Accident X Suic			
ise ect	etained far DIRECTOR: s designate					CHIEF MEDICAL EXAMINER		
pled	L DII			SIGNATURE BOTTON	veas	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE	
July,	or R	2		EXAMINER'S			4/66	
mecessary, the funero	may be re FUNERAL C ealth or its	-		NAME (Type) B.O. Thomas,		Address (Street, city, town, or county)		
the e	TO FUNER Health		230	BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	The same of the sa	(Stote)	
-			1	STYOVAL 7/0/66	FERNCLIFF		- OH10	
	A15ME (5)		7	FUNERAL DIRECTOR	ADDRESS COS	1 [1] 6 1000	REGISTRAR'S SIGNATURE	
₩.	(C) SMC (3)		18	111) (MAMADOS SI	11166, 35	DATE SEP 8 1966	French mage	

## MARYLAND STATE DEPARTMENT OF HEALTH

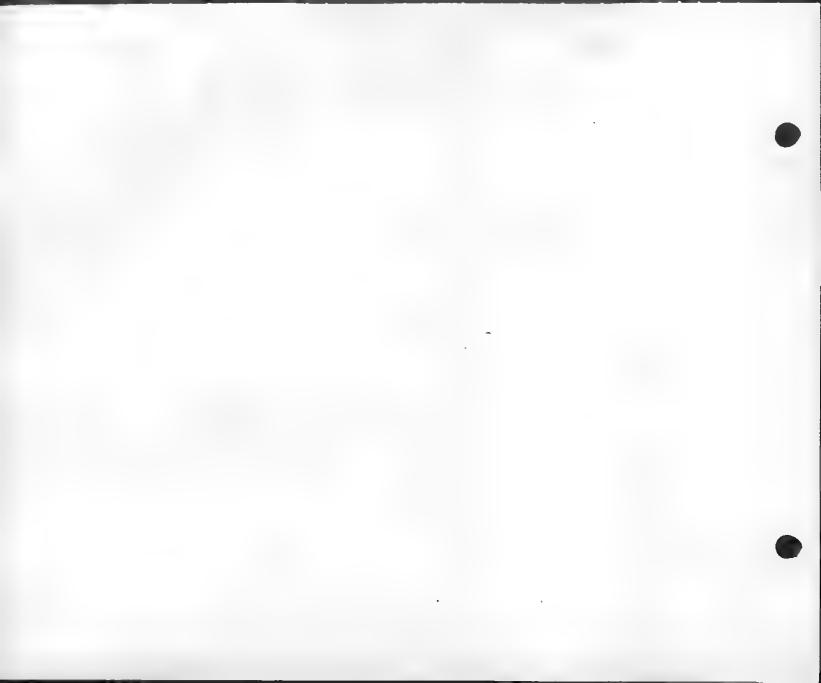
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY b. COUNTY Page to. Department of death. Frederick Frederick MARYLAND delay c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 and write RURAL and give nearest town) haurs after Rural - Frederick Frederick Minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm Route # 15 State Route # in pencil in Item 18. Give Pages Examiner's Office alang with far YES NO ! This certificate shauld be executed within 24 haurs after death. 3. NAME OF First event within 72 Last 4. DATE Month Year DECEASED with the JUSTIN G. BOYD (Type or print) DEATH September S. SEX 6. COLOR OR RACE 7. MARRIED TE B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR JE LINDER 24 HRS NEVER MARRIED birthday) Davs Hours Male WIDOWED DIVORCED June 9, 1940 White land 2 IDa. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) Todd Steel COUNTRY? S. A. any Clear Springs, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Daniel Boyd Missouri Shank IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address the Chief Medical "pending" (Yes, na, or unknown) (If yes give war or dates of service remayal Mrs. Sandra Boyd (Same as item # 2 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH 0 IMMEDIATE CAUSE (o) please execute the certificate, writing the ward burial, crematian, DUE TO Canditions, if any, which gave rise to immediate cause (a), 4 shauld be farwarded ta DUE TO stating the underlying cause O last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? D YES X NO pe 2Do. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Egter nature of injury in Part I or Part II of item 1B.) prior 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. **EXAMINER:** its designated agent, 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) may be retained far yaur FUNERAL DIRECTOR: Page Not While (factory, street, affice bldg., etc.) 2 1966 Page 4 D-CG/ deuc at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion funeral directar. Natural causes Accident 2 death resulted fram: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 5 may be 10 FUNERAL Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** B. O. Thomas, M. D. NAME (Type) Address (Street, city, town, or county) the 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 1966 Buria 250, REC'D BY REGISTRAR
DATE SEP 7 24. FUNERAL DIRECTOR 25b. VR ATSME (SEX 1966 R. Etchison & Son, Frederick, Maryland 6M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if and it in Residence before admiss 3 DUNTY b COUNTY\_ Page MARYLAND b CTY OR "OWN "If a tide " wante "out. CLENGTH OF STAY N 10 c CITY OR TOWN. If outside corporate in its write RURAL and give negrest fown d NAME OF HESPITAL OR INSTITUT ON I fingt in houp to give street address's ate ! olong with 3 NAME OF 4 DATE Month DECEASED OF DEATH EL50N 3 MARR ED NEVER MARRIED in years W DOWED 100 SUA, CC. PATION Give kind of work done 12 CT ZEN OF WHAT during most of working life, even if retired) COUNTRY? 13 FATHER'S NAME puq 'S WA DE FASE EVER N - ARMED FOR ESP 16 SOCIAL SECURITY NO 17 INFORMANT Address removal BROWN LIBERTY IB CAUSE OF DEATH Enter any one couse pea PART I LEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This cert ficate should cremation, Conditions flony which gove rise to immediate couse (a), forwarded to stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN MART 110 WAS AUTOPSY PERFORMED? its designoted agent, priar to NO. 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NOURY OCCURRED Refer noture of injury in Port I or Port II of item 1B) CAUSE OF DEATH. 20. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f ((ity or town) (Courty) While Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge of work of work 21 I certify that I took charge of the remains described above, held on Autopsy 1991, Inspect on 1991. Inquiry ond in my opinion the funeral director death resulted from Natural rouses Suicide Accident Homicide 5 may be retained Undetermined monner CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FO FUNERAL Health or i DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) BURIA CREMATION 23r NAME OF CEMETERY OR CREMATORY (County) (Stote) 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME ISIN 6M 1766



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY after Marvland Frederick Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Frederick Years Frederick l... filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 72 ON A FARM? E. Frederick Memorial Hospital East Third YES No OX letely NAME DE First Middle DATE Last DECEASED eyent, comple ve car (Type or print) Charles Edward DEATH September Cramer 19 6. COLOR DR RACE | 7. MARRIED AGE (In years I IF UNDER 1 YEAR IIF UNDER 24 HR\$ DATE OF BIRTH eve NEVER MARRIEO last birthday) | Months | Hours Oays reme Male White WIDDWED X OIVORCED March 9-12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS DR physician in please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INCUSTRY COUNTRY? Water Dept. U.S.A. Retired Frederick County- Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Charles F. Cramer Lula Ent Lambert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) death Elwood A. Cramer- Route 4-Frederick, Md.21 217- 32- 5267 cremation. INTERVAL BETWEEN CAUSE OF DEATH [ Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, o DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? cert.f.cate ND V YES 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work While at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: /
age 3 should
lied with the and that death occurred at 12 M, from the causes and on the date stated above. saw the deceased alive pn 22b. DATE SIGNED 22a. SIGNATURE MÉD. ATTENDING Sept 20-1966 CIRECTOR PHYS. Page 4 may O FUNERAL I director, pages Pa Ti PHYSICIANS 22d. ADDRESS NAME (Type) N. Market St. - Frederick. Md.2170 Rex. R BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF GEMETERY DR CREMATORY 23d. LOCATION (City, town or county) REMDVAL (Specify) Frederick, Md. 21701 Olivet Cemetery Burial REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 258. M.R.Etchison & Son-Frederick. Md. VR A15 (4) DATE 20M 1/65

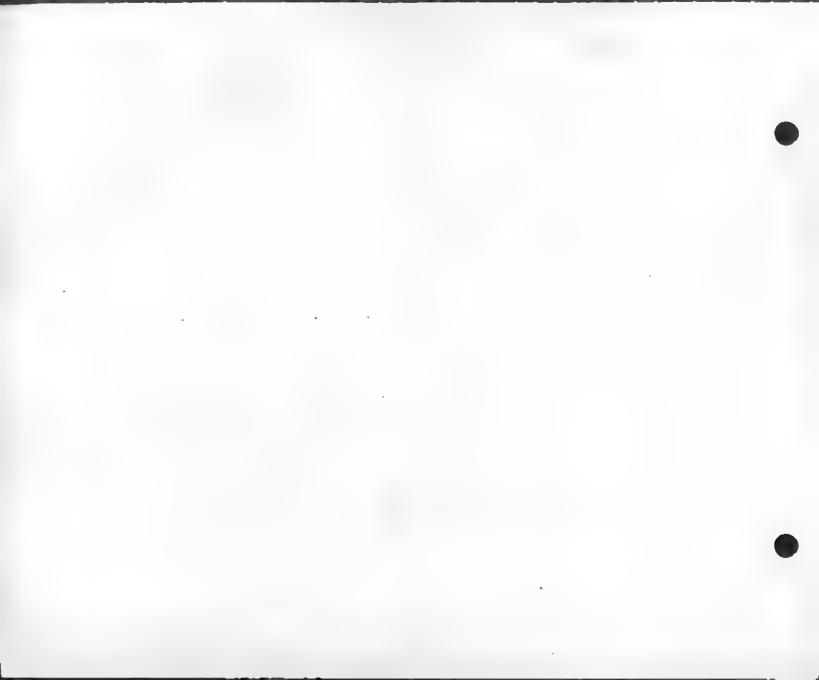


DEPARTMENT OF HEALTH . 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral within 24 hours after 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a COUNTY b. COUNTY by the MARYLAND death. b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 wr to RURAL and give neerest lown) filled in Pages 1 after Pages d. NAME OF HOSPITAL OR INSTITUTION , I not in pospitel, give street address d STREET ADDRESS IS RES DENCE hours ON A FARM? YES NO A completely papers. 3. NAME OF Middla Year 72 DECEASED OF (Type or print) DEATH within and con 5. SEX 6. COLOR OR RACE IF UNDER I YEAR ! IF UNDER 24 HRS. NEVER MARRIED AGE In years las birthday) Months Hours DIVORCED [ certificate physician remove 10a USUAL OCCUPATION (Give kind of work 106, KIND OF BUS NESS OR INDUSTRY 11 1 12. CITIZEN OF WHAT COUNTRY State, or foreign country) done during most of working life, even if retired) any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Then please S aftending and 15. WAS DECEASED EVER N U S, ARMED FORCES? 16 SOCIAL SECUR IY NO 17. INFORMANT removal, permit. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) ONSET AND DEATH þ ò PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) cremation, burial-transit OUE TO affending peen Conditions, if any, which (b) geve rise to immediate cause DJE TO (a), stelling the underlying the bur burial, ceuse lest PHYSICIAN: the hospital or certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION \$ Q PERFORMED? YES NO USB prior 200, ACCIDENT WAS UNDERLYING 20b. DESCR 8F HOW INJURY OCCURRED. [Enter neture of in any in Part I or Part II of item 18.] Į O OR CONTRIBUTING | CAUSE OF DEATH After this Health may be reserved that this DIRECTOR: After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF NJURY Month, Dey, Yeer (County) (5 te te) fectory, street, office bldg., etc.) Hour e.m. While Not While ö at work at work p.m. State Dept. 190 21. I certify that (1) (this hospital) attended the deceased from AVM / JAM, from the causes and on the date stated above saw the deceased alive on 1942. ( and that death occurred at OR 22b. DATE SIGNED DIRECTOR death. Page 4 r. PHYS. M D TO HOSPITAL with th 22c. HYSICIAN S 228 ADDRESS NAME (Type rector, 23e. BURIAL, CREMATION, 1 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] THEREOF REMOVAL (Specify) D: P ADDRESS REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 20M 5-63

MARYLAND STATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1. PLACE OF DEATH a COUNTY Page deoth. MARYLAND delay portment CLENGTH OF STAY IN 10 CITY OR TOWN It buside corporate limits, write RURA, and give nearest town) 6 CTY OR TOWN Hilde Dug write BURAY and give nearest fown P.M.3 d STREET ADDRESS ON If sot a hospital a ve street address! Pe ate De Office mlang with form ON A FARM? YES 8 Give Pages 24 hmurs ofter death 3 NAME OF with the Sto within 72 I Midd e DATE Month Day DECEASED OF 1960 Type or print) S SEX MARR ED NEVER MARRIED IF LINDER 1 YEAR lost birthdoy) Months Doys Hours WIDOWED DIVORCED event and Ino JUA, OCCUPATION to ye kind of work done 106 KINE OF BUS NESS OR 12 CIT ZEN OF WHAT State or foreign country. de no most of working je even if etjed) Exommer s त्रुक्तित्व विक्रिक्टि 13. FATHER'S NAME This certificate shauld by executed within penci 'a ond. ū IS WAS DECEASED FORCES? 17 INFORMANT Address Yes no or unkrawn , (If yes give war or date of service Med cal remayal 18. CAUSE OF DEATH (Enter only one couse per line for (a), burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Ь IMMEDIATE CAUSE (a) wr ting the word cremation, DUE TO the Conditions, if any, which gave rise to immediate couse (a), forwarded to DUE TO 0 stoting the underlying couse lost burial, a PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY CERTIFICATION PERFORMED? YES NO cert,ficate, 0 pe 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) prior 3 should PRIMARY I or CONTRIBUTING I EXAMILLE: CAUSE OF DEATH MEDICAL 20c I.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (E ty or fown) (County) (State Hour om. Not While foctory, street, office bldg , etc.) While FUNERAL DIRECTOR: Poge 19 at work ot work designated 21 I certify that I taak charge of the remains described above held an Autapsy Inspection-Inquiry 17. and in my apinian death resulted fram. Natural causes 😽 Acc dent Suicide Hamicide the funeral director Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER SIGNATURE þe Health or DEPUTY MEDICAL EXAMINER moy NAME (Type) Address (Street aty town, or county) 230 BUR AL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) ((ounty) (State) 0 LIBERT OWN ADDRESS 250 RECD BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66



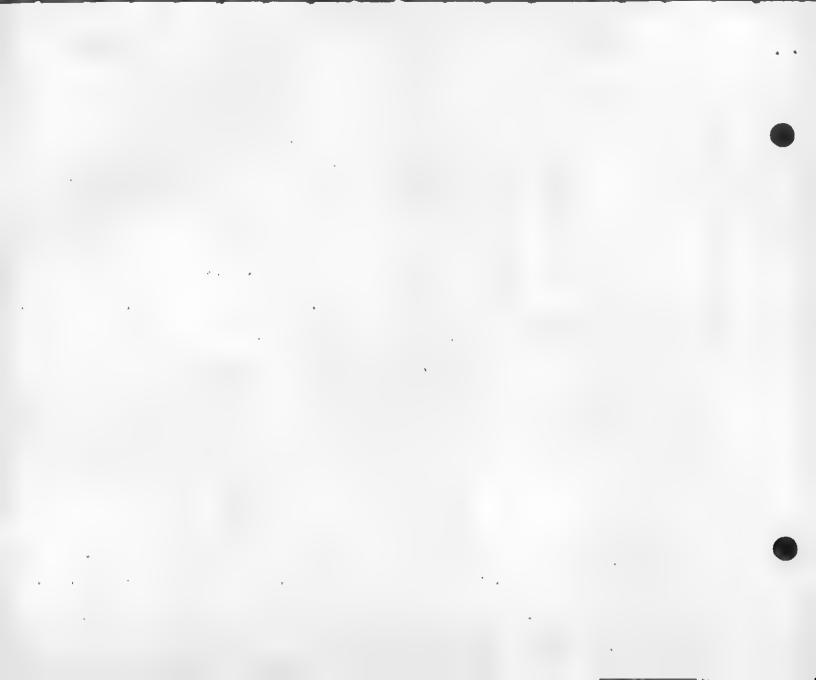
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 794 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o Maryland COUNTY Frederick Frederick MARYLAND requires that the death certificate be executed within 24 nours after c CITY OR TOWN (If outside corparate limits, write RURA, and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN I' outside corporate limits, write RURAL and give nearest town) Rural - Ijamsville 5 Years Ht. Airy d NAME OF HOSPITAL OR INSTITUTION, I not in hospital give street oddress, d STREET ACDRESS e IS RES DENCE ON A FARM? Main Street YES NO IX 3 NAME OF Middle 4 DATE Last Month DECEASED DEATH Sept.12, 1966 W. Davis, Sr. (Type or pnnt) Edgar 19 5 E UNDER I YEAR I IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE 'In years 82 in years 7 MARRED NEVER MARRIED WIDOWED D VORCED Sept. 13,1883 White 12 CIT ZEN OF WHAT 10a SUAL OCCUPATION (a ve k .d of work done 10b KIND OF BUSINESS OR 11 81RTHPEACE (County & State or fore an country) COUNTRY? during most of working fe, even if retired) INDUSTRY Farmer Frederick County, Maryland Retired 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Laura Warfield Charles G. Davis IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give wor or dotes of service)] 16 SOCIAL SECURITY NO 17 INFORMANT Edgar W. Davis, Jr. Damascus, Maryland NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying cause by the hospital or offending detached for use as the te Dept. of Health prior to this certificate has been PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY SICATION PERFORMED? NO Sc 200 ACCIDENT WAS JINDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of tem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d MIURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Day, Year (County) (Stote) of work at work Hour om. foctory, street, aff re bldg, etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram , 1965, to 1 -12 , 19 (ii) that (1) (we) last 220. SIGNATURE 22b DATE SIGNED STAFF PHYS Sept. 12, 1966 directar, page 3 shauld be filed v 22d ADDRESS 22r PHYSICIAN'S NAME (Type) 220 N. market Street, Frederick, Mid Rex R. -artin. h. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION REMOVAL (Specify) bept. 14. 1966 Mount Olivet Cemetery Frederick, aryland ADDRESS 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR Etchison & Son, Frecerick, Maryland DAIL VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  12721	
death. funmraí and 2 death.	1. PLACE OF DEATH	sion
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rs after by the f Pages 1 urs after	b. C TY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  b. C TY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	wn)
hours and in by Fag	11. A - HANS UNION ERIUGE FAMILY	
24 ho filled i papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET AOORESS   e. IS RESIDE ON A FARM	
n 24 h y filled papers	KEBERICK , TEMOR. AL HIPTHE YES NO	
death certificate be executed within the attending physician and completely permit. Then please remoye Carbo plon, or removal, and in any event, with	3. NAME OF First Middle Last 4. OATE Month Day Year DECEASED OF J. C.	
comple	Type or print)  AREA JUNITA  DESCRIPTION OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE (In years) IFUNDER 14 PUNDER 14 PUNDE	HRS.
executed and conference and ever		/lin.
ex an al	Da. USUAL OCCUPATION Give kind of work done   105. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT	
e be e sician lease r	during most of working ife, even if retired) INOUSTRY  H. SE WIFE CON HE OIE MAKYLAIND	
ficat Bhy en p	13. FATHER'S NAME  14. MOTHER'S MAIOEN NAME	
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death certificate be exithe attending physician appropriate. Then please reation, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (Yes, no, or unkown) (If yes give war or dates of service)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	FN
The law requires that the deat or attending physician. Sate has been signed by the at use as the burial-transit per satt prior to burial, cremation,	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEAT	
that sicial sicial al-tro	DUE TO	/
phys phys sig buri buri	Conditions, If any, which gave rise to immediate (b) (c) a sequence of the first to immediate (c)	~
w requires the ending physicias been sigmedas been sigmedas the burial-trior to burial.	cause (a), stating the OUE TO	
aw rei ttendir has be as th prior	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOP	SY
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\( \overline{\pi} \)	20a. ACCIDENT WAS UNDERLYING 26b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part I or Part II of Item 18.)	4
YSICIAN: te hospital his certifi tached fo D≝pt. of H		
this this detail	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4 work   20f. (City or town) (County) (State factory, street, office bldg., etc.)	e)
The part of the pa	Rour a.m. p.m. 19 While at work at work at work	
ATTENDING retained by CTOR: After should be stain the stain	21. I certify that (I) (this hospital attended the deceased from 5/25/ 1966 to 1966 to 1966) that (I) (we)	
	saw the deceased alive on 19 to tand that death occurred at M, from the causes and on the date stated about 22a. SIGNATURE 22b. DATE SIGNED	ove.
OR DIRE	M.O. ATTENDING MEO. STAFF DIRECTOR PHYS.	
	22c. PHYSICIAN'S 22d. AOORESS 1	
TO HOSPITAL Page 4 may O FUNERAL director, pag should be ba	Transf Office 100 lolde 16 files 1 Leason	
Page 4 mai TO FUNERAL director, page should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	
D,	24. FUNERAL OIRECTOR ADORESS , 25a. REC'O BY REGISTRAR'S SIGNATURE	
VR A15 (4)	I W Ho the later Clader in the DATE SEP 22 1866 & varies Judge	٤.
15M 4-64		

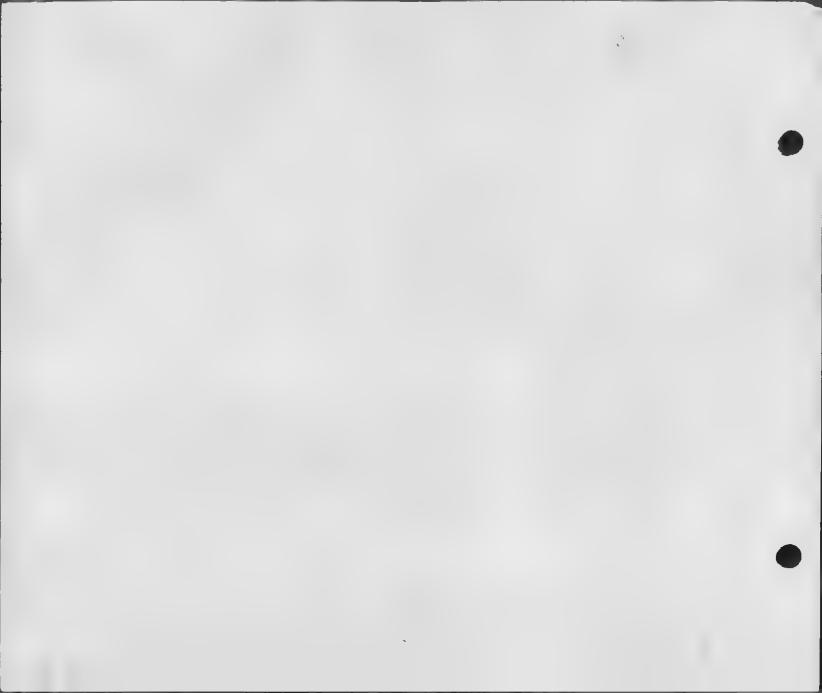


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY after Frederick maryland Frederick MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 hours Monrovia Frederick Davs carbon papers. ent, within 72 ho filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS B. IS RESIDENCE ON A FARM? Frederick -emorial Hospital Jonrovia YES 2 NO within 6 NAME DE LAHRA TZABETHMIddle Last 4. DATE Month Day Year DECEASED et DF event, campi (Type or print) DEATH September 19 5. SEX 6. COLOR OR RACE ещоле DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 🔽 NEVER MARRIED last birthday) Months Days Hours ЯША and White Female WIDOWED **OIVORCEO** September 20.1687 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ician p.e ease during most of working life, even If retired) COUNTRY? ала Housewi fe Ellerton, Maryland U. S. A. physic n plea death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME George Frisby Cartee Louisa C. Grossnickle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) rial-transit perion, rial, cremation, John A. Derr, 604 Rosemont Ave. Frederick, 4d the t INTERVAL BETWEEN 18. CAUSE OF DEATH I Enter only one cause per line for (a), (b), and (c), The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMED, ATE CAUSE (a) signed burial-to burial, DUE TO Cenditions, If any, which gave rise to Immediate r the DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate YES NO EX PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) hed f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detach detach te Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI ATTENDING 19 at work at work retained o 21. I certify that (i) (this hospital) attended the deceased from 19000 19\_\_\_\_, that (I) (we) last DIRECTOR: age 3 should lied with the 19, can and that death occurred at .\* M, from the causes and on the date stated above. saw the deceased alive on 22a. S.GNATURE 22b. DATE SIGNED Age 4. FUNERAL DIM Sept. 19, 1966 M.D. PHYS DIRECTOR PHYS. PHYSICIAN'S HOSPITAL 22d. ADDRESS director, p NAME (Type) N. James Thomas, Market Street, Frederick. Page 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town or county) REMOVAL (Specify) Burial Mount Olivet Cemetery Frederick. 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR VR #15 (4) Ltchison 38 Frederick. Son. Warvland DATE 20M 1/65





1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	CERTIFICATE OF DEATH 12723
Ī	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before edmission)  a. STATE  b. COUNTY  b. COUNTY
	MARYLAND MARYLAND
	b. CITY OR TOWN if outside corporate I mits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN Ill outside corporate limits, write RURAL and give neerest town;
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospito), give street address)  d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
3	NAME OF First Middle Last 4 DATE Month Dey Yaer
	Type or print peater for for the former of t
-	. SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
	Female White   WIDOWED   DIVORCED   July 28, 1879   By Work   Months Days Hours Min.
	De. USUAL OCCUPATION (Give kind of work IDE KIND OF BUSINESS OR INDUSTRY 1). BIRTHPLACE (County & Stale, or loreign country)   12. CITIZEN OF WHAT COUNTRY?
	- mane That wick That Mact.
1	3. FATHER'S NAME
	Millian Dewelman Jaura 1. Dititely 24
	(es, no, or unknown) Ilyang vewerordates of service:
_	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), [1]
	PART I, DEATH WAS CAUSED BY:
	DUE TO
	Conditions, if any, which is arterio relevatic CV deserve 1/5 your
	gave rise to immediate ceuse (e), stating the underlying DUE TO
	ceuse last. (c)
NO	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
MOITAN	
PEDY E	2De. ACCIDENT WAS UNDERLYING 2Db. DESCR.BE HOW INJURY OCCURRED. Enter nature of in ury in Port 1 or
4 (12244	Hour e.m.  While Not While lectory, street, ollice bldg., etc.)
2.4	21. I certify that (I) (this hospital) affended the deceased from
	saw the deceased alive on
	22b. DATE
	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) APAF ( F. STEALER ) 22d. ADDRESS NAME (Type) APAF ( F. STEALER ) 21.
-	1 WALLEY OF THE TOWN
2	36. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR GREMATIONY 23d. LOCATION (City, town or county,
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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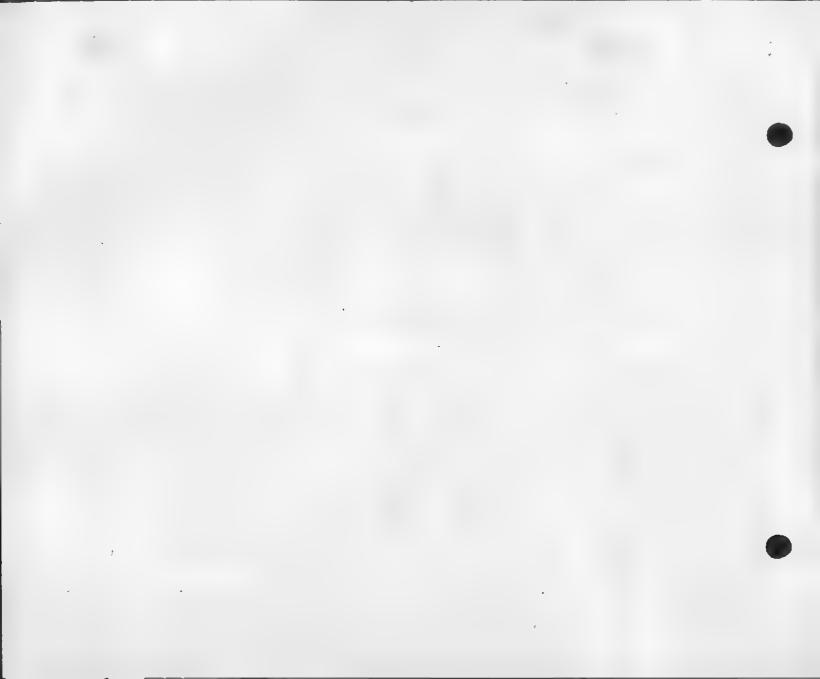
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. UStrAL RESIDENCE (Where deceased ived, if institution Residence before admission) 1 PLACE OF DEATH o. STATE Maryland o. COUNTY be COUNTY Frederick Frederick MARYLAND low requires that the death certificate be executed within 24 hours ofter : ( TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN If outside corporate limits, CLENGTH OF STAY N 16 Emmitsburg Vrs. rural d NAME OF HOSPITAL OR INSTITUTION (finot in hospital give street oddress) d. STREET ADDRESS e IS RESIDENCE within 72 ON A FARM? Own Home RD 2 NO TE arban 3. NAME OF First Middle Lost 4 DATE Month Day DECEASED Miller Victor Davis Fiery Sept. DEATH even 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR s SEX 6 (OLOR OR RACE 7 MARRIED remove NEVER MARR ED loss pythdoy) white male May 23.1888 WIDOWED D VORCED 1) BIRTHPLACE (County & Stote, or foreign country) 10a USUA, OCC. PAT ON 'Give kind of work dane 0b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTR' ired during most of warking life, even if retired) Washington Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal. L. Fierv Samuel Annie Spickler 15 WAS DECEASED EVER N ... S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, MTS unknown) [(If yes give wor or dates of service) 215-36-7144 Lillie M. Fiery Emmitsburg, Md.RD2 8 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS JNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factory, street, office bldg , etc.) Alle 21 | certify that (1) (this hosp tall attended the deceased from . 1930. to 19 4 that (1) (we) last 4 1926, and that death accurred at 63 6M, from causes and on the date stated above saw the deceased alive an\_\_\_\_ O FUNERAL DIRECTOR: 22a SIGNATURE DATESIGNED STAFF PHYS. M.D DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSIC, ANS. NAME (Type)DI W.R. Cadle Emmitsburg, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) 9-22-66 St. Pauls Cemetery Route 40 W. Hagerstown Md 250 RECD BY REGISTRAR 25b. REG STRAR'S SIGNATURE Creager VR A15 (4) Thurmont, Md. SEP 00 DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12725				
HEALTH DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved. If inst tution: Residence before admit	Issir			
	Frederick Maryland b. COUNTY Frederick				
uneral uneral nay be rtment death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL and give nearest town)	tow			
	Brunswick Brunswick				
中で 治性	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESID	EN			
2 60 00 00	9 West 'H' Street same	o F			
5 S S	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED	-			
525 #12	(Type or print) SAMUEL HOWELL FISHER DEATH 9 22 196	6			
正当日 拒損	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 2				
### 5 2 ≥	Male   Thite   WIDOWED   DIVORCED   10/11/1091   (4 yrs.	MIr			
with with and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Fireman  10b. Kind of Business OR lib. BirthPlace (State or foreign country)  Retired Fireman  11c. BirthPlace (State or foreign country)  Laryland  12c. Citizen OF What library and				
# CD 100					
along along along ages	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
Thou Ifice Ifice	John W. Fisher Unknown				
24 hour ltern ltern Office Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, po, or unknown)   (If yes give war or dates of service)				
tthin noil i ner's noval	no     706-09-1785   June Foster Brunswick Md.				
3 C C C C	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.  ONSET AND DE	EEN			
xa xa	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7111			
"pending" in "pending" in f Medical Exa burial-transit cremation, or	TA ' DUE TO				
e edice edice mat	Conditions, if any, which   acute congested heart failure   gave rise to immediate				
o participation of the partici	cause (a), atating the OUE TO				
should !! word "! Chief N as a bu	underlying cause last. (c) arterosclerotic heart disease				
es ga	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTO PERFORME YES NO  2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  2Da. EXTERNAL CAUSE WAS CAUSE OF DEATH.	ED?			
ifical to the to the r to	YES NO  2Da. EXTERNAL CAUSE WAS   20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)	0 [			
his certifica writing th varded to to nould be us	PRIMARY CAUSE OF DEATH.				
R: This cer ate, writin forwarded 3 should b agent, prio		tol			
R: This forwar 3 shou agent,	Hour a.m. While Not While factory, street, office bidg., etc.)	(6)			
tific be see					
XAM cer cer cer si si gnal	21. I certify that I took charge of the remains described above, held an Autopsy	mic			
death resulted from: Natural causes V, Accident , Suicide , Homicide , Undetermined manning the property of th					
					SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP
or. ed f ed f sith	NAME (Type) To Control Will Address (Street, city, town, or county)				
232. BURIAL, CREMATION, 235. DATE THEREOF 1 23C. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town					
To de diplo	REMOVAL (Specify) O 21, 66 Brunswick Md.				
0	24 FUNERAL DIPECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
VR AISME (5) 5M 1/65	Feele Funital Stewar Brunswick, Md. DATE St. ?				
1,00					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death. 1. PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY Frederick Laryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) nding physician and completely filled in by Then please remove carbon papers. Pag removal, and in any event, within 72 hours inutes Rural - Adamstown Frederick d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital ND death certificate be executed within NAME DE Middle Last DATE DECEASED ROY R DEATH September 11. LUTHER (Type or print) 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) Months | Days Hours | Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Harerstown, Laryland S. A. Owner-Up-rator Store this certificate has been signed by the attending physedetached for use as the burial-transit permit. Then ple e. Dept. of Health prior to burlal, cremation, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mae Hovis Clarence Fouche 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SDCIAL SECURITY NO. 17. INFORMANT Address Same as item #2) rs. wargaret Fouche 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last, CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO WAS AUTDPSY PERFORMED? YES V NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the TO FUNERAL DIRECTOR. After the director, page 3 should be de-should be filed with the State I factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from-19 ( that (I) (we) last 19 46, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on Action SIGNATURE 22a. 22b. DATE SIGNED M.D. PHYS. PHYSICIAN'S ADDRESS NAME (Type) Toll House Ave Frederick, Md. Meadors. BURIAL, CREMATION.I NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) burial Frederick 24. FUNERAL DIRECTOR REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) atchison & Son. Frederick, DATE 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH international distriction of the same of t 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH **B** COUNTY 3 to Page b. COUNTY death MARYLAND a CITY OR TOWN of verside comparate limits, write RURAL and give pearest town) CLENGTH OF STAY IN 16 r CITY OR TOWN of the is de carparate limits, write RURAL and a ve negrest town. 2, o. PM3. ofter d NAME OF HOSP TAL OR "NETIT d STREET ADDRESS NON at cat aspital, a ve street address) e IS RESIDENCE haurs Office along with form ON A FARM? e arice 8 Give Pages a je Hospita] 2726 Koko Tane YES NO T. 3 NAME OF Middle 4 DATE e St 72 DECEASED OF DEATH the Type or print? within withi S SEX IF UNDER TYEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BRITH AGE in years last birthday) Manths Hours WIDOWED DIVORCES event Colored and 2 Pa JA JC PATON Civels disfly ank done 10b K ND OF BUSINESS OR If B.RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any Creeville Co. Virginia
14 MOTHERS MAIDEN NAME 13 FATHER'S NAME in-pencil (0) and Sallie Williams Marshall Gilliam IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. Address Medical, (Yes, na, or unknown) If If yes give war or dates of service) removal pending illiam 2126 Koko Line INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per lym, for (a), (b), Chief PART I DEATH WAS CAUSED BY ONSET AND DEATH 50 MMEDIATE CAUSE (a) burial-tr cremation. Canditions if any which gave te, writing the forwarded to t rise ta immediate cause (a), stating the underlying cause 0 used as burial, c kist used PART II OTHER SIGN F CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO prior to 4 should be 27a EXTERNAL CAUSE WAS 20b DESCRIBE HOW N. JRY OCCURRED (Enter nature of injury in Part I or Part II of tem. 18) 3 should PRIMARY SO CONTRIBUTING EL 5 may be retained for yaur files to FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour a.m. Nat While While at wark at wark 21 I certify that I taak charge of the remains described above held an Autopsy 1 Inspection and in my apinian the funeral director. death resulted fram Natural causes Accident Sch Suicide Homic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER EXAMINER'S B.O. Thomas, M.D. NAME (Type) Address (Street, city, tawn, ar county) 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) RFMOVAL (Specify) Greenville Su Grove Cemetery 24 FUNERAL DIRECTOR ADDRESS 25a REC D BY REG STRAR 256 REDISTRAR S SIGNATURE

Louroe street

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please execute the cert ficate,

EXAMINER:

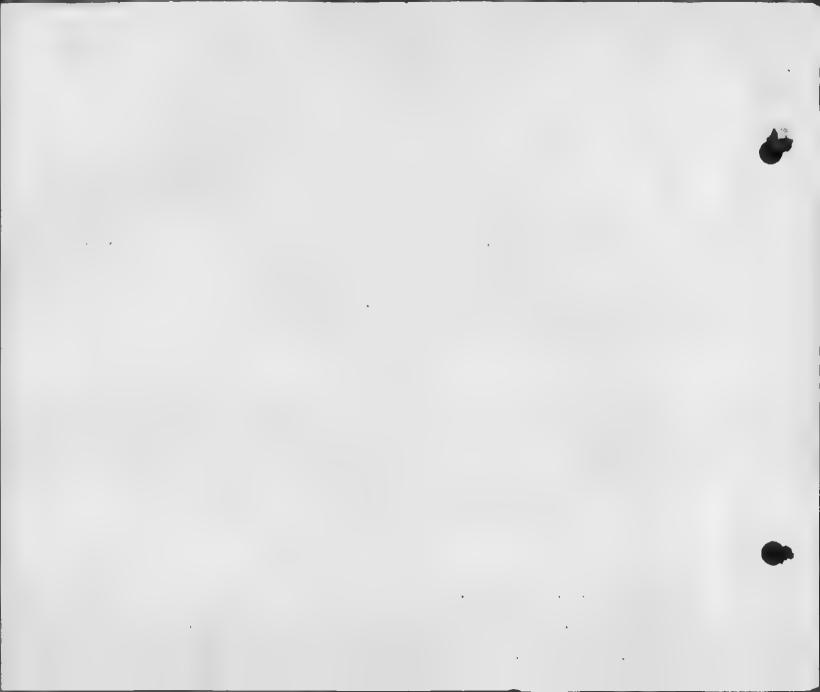


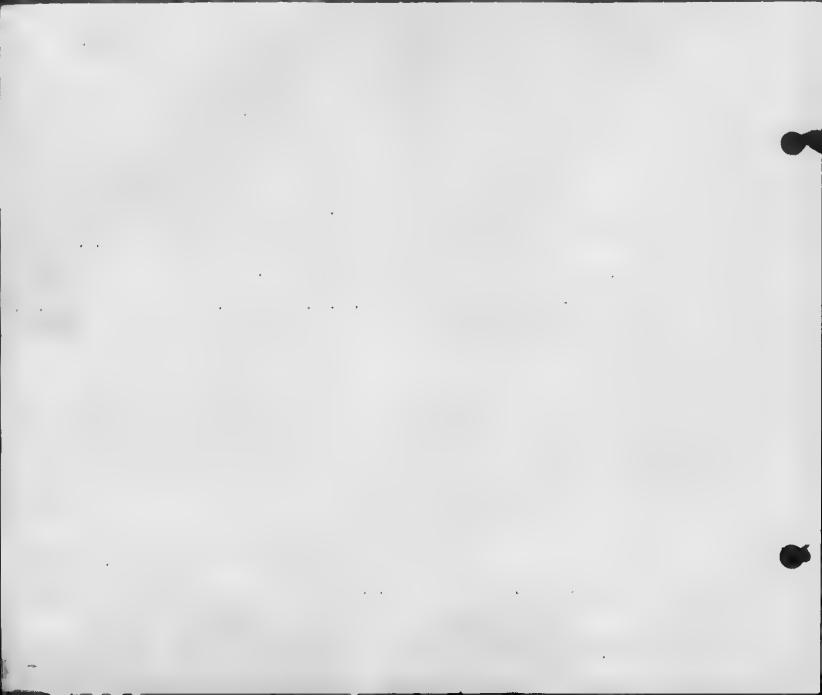
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lired, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1D c. CITY OR TOWN ( foutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Frederick DaysXXXX Frederick Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 243 South Market Street Frederick Memorial Hospital NOTO YES 3. NAME DF Midd e Month Last DECEASED DELANE GOSNELL MARGARET event, September DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH 9. ACE (In years HE UNDER 1 YEAR HE UNDER 24 HRS. NEVER MARRIEO [ last birthday) Months | Days Hours | Min. Female White WIDOWED TY DIVORCED [ May 11, 1883 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Doubs. Frederick Co. Md. None Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Frances Williams S. Curtis Michael 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Fred. (Yes, no, or unkown) (If yes give war or dates of service) 212-05-0806 Mrs. Orval W. Staley 705 Fairview Ave. Md. 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c). ] INTERVAL BETWEEN ONSET AND DEATH gned by ial-transi PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO s been significant to buri Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER'S CONTICON CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? orebral varular accident YES NO D 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injuly in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work MED 21. I certify that (I) (this hospital) attended the deceased from. . 19\_ 19\_\_\_\_\_, that (I) (we) last .. to\_. , and that death occurred at \_\_\_\_M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED Sept. 12, 1966 O RECTOR | PHYS. M.0 22c. PHYSICIAN 22d. AOORESS O FUNERAL director, p NAME (Type) Austin Pearre, Jr. M.D. 4 East Church St. Frederick, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) Mount Olivet Cemeterv Frederick, Maryland 24. TUNERAL DIRECTO 25a REC'D BY RECISTRAR | 25b. REGISTRAR'S S CNATURE Frederick, Marylandar VR A15 (4) 20M 1/65



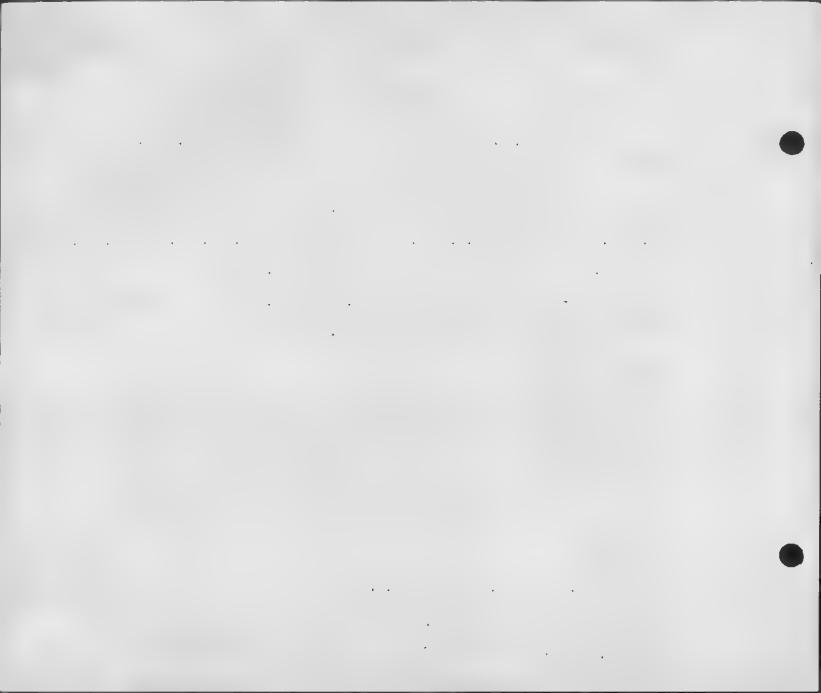
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decresed I vod, If institution Residence before admission, a COUNTY b. COUNTY Frederick b. CITY OR TOWN (if outside corporate limits, c. . TY OR TOWN ill outs de corporete l'mits, write RURAL end give nierest fown, write RURAL and give nearest fown) Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 219 East Third Street 219 East Third Street YES NO TO 3. NAME OF Middle 4. DATE Month DECEASED 110 (Type or print) DEATH September Henry Holdcraft 19 66 Joseph 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 57 yrs. Hours 1 Min. DIVORCED July 12. Male . WIDOWED IDe USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Government Frederick, Maryland Rural Mail Carrier pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Holdcraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Ella Mehrling Address g" in pencil in Item 18, s Office along with fundamental Yes, no or unknown ,livesgive warprdatesofserv co., Mrs. wary Holdcraft (Same as item / 2) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Coronary occlusion IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heart Lesease Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTORSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED, lEnter nature of in any in Part I or Part II of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief A Page 3 s fo buria 20c. TIME OF INLURY 20d. INJURY OCCURRED 2De PLACE OF INLURY (Home, form. 20f. (City or town, (State factory, street, office bldg., atc.) While Not While at work at work Inspection 2 21, I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion olease execute
4 should be forwarded to
5 FUNERAL DIRECTO
or its designated agent, p death resulted from: Natural causes 3. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 DEPUTY MEDICAL EXAMINER [X] September 8, 1966 **EXAMINER'S** NAME (Type) B. O. Thomas, Sr. M. D. Address (Street, city, town, or county) 228. BURIAL CREMATION | 226. DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY T 22d, LOCATION (City, town, or country) REMOVAL (Specify) ₽40 p bept. 9, 1966 Mount Olivet Cemetery Frederick, Maryland | 240. REC'D BY REGISTRAR | 246, REGISTRAR S SIGNATURE DATESEP Etchison & Son, Frederick, Maryland





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before edmission) 1. PLACE OF DEATH \*. COUNTY Frederick b. COUNTY by the and 2 death. Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 s. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town write RURAL end give nearest town) Frederick Frederick vear d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address; d. STREET ADDRESS Brooklawn Apts. Apt. # 303 Apt # 303 Brooklawn Apts. 3. NAME OF 4. DATE DECEASED RA YMOND CECIL KIDD (Type or print) DEATH September 26. 19 66 bon withi 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. physician remove ca. event, last birthdey! DIVORCED []: NOV. 25, 1889 Male Thite WIDOWED 1 10a. USLAL OCCUPATION (Give kind of work | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country 12 CIT.ZEN OF WHAT COUNTRY? Ret. Gov. Official U.S. Gov. Urbana, Fred. Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles W. Kidd Jennie S. Cecil attend i 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 INFORMANT (Yee-no or unkown) [[[] yaspinewarp dates of service]] Mrs. Minnie M. Kidd Frederick, Maryland 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH arteris elenti agent Dis 3 years **DUE TO** Conditions, if eny, which' gave rise to immediate cause (e), stating the underlying cause lest. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING . 1 20b. DESCR.BE HOW INJURY OCCURRED. (Enter nature of in ury in Pert I or Pert II of item 18 OR CONTRIBLTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) factory, street, office bldg., etc.) Not While et work et work 21. I certify that (1) (this hospital) attended the deceased from McCon. 1957, to .... Sept. 21. , 1966, that (1) (we) last 22e S GNATURE MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S eth. Pa NAME (Type) Dr. Thomas E. Stone M.D. 4 West Third Street Frederick, Marylan 23e. BUR.AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) ₽₽₽₽₽ REMOVAL (Specify) 9-28-1966 Mt / Olivet Cemetery Frederick, Maryland Burial 24 FUNERAL DIRECTOR'S SIGNATURE 254. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Frederick. Maryland 1945 YR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) 1 PLACE OF DEATH a. COUNTY b COUNTY Maryland Frederick Frederick MARYLAND LENGTH OF STAY IN 16 c CITY OR TOWN ( ! outside corporate limits write RURAL and give nearest town) b CITY OR TOWN fit butside responde limits Braddock Heights Frederick 6 months d NAME OF HOSPITAL OR INSTITUTION 'I not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 210 Grove Blvd. YES NO X Vindobona flursing Home Middle 3 NAME OF A DATE Month OF DEATH DECEASED Etta King September 21- 19 66 Marv 9 AGE 'In years IF UNDER YEAR 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH August 25-1886 WIDOWED X DIVORCED Female 12 CITIZEN OF WHAT 'Do ISUA, OC UPATION Give kild of work done 1Db KIND OF BUS NESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. West Virginia Homemaker 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME James William Newcome Mary Rebecca Jennings 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Frederick, Md. (Yes, no, or unknown) [(If yes give wor or dates of service] Mrs. Glenn T. Swisher-210 Grove Blvd. 261-84-7529 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) ) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove nse to immediate couse (a) DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? CERT F CATION NO S 2Do ACCIDENT WAS UNDERLYING [1] 205 DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd NJURY OCCURRED 2De PLACE OF NJURY (Home, form (City or town) ((county) (Stote) 2D: TIME OF INJURY Month, Doy, Year Hour om factory, street, office bldg etc.) Not While of work of work 21. I certify that (1) (this haspital) estended the deceased from Taxe 1966 to 21 Sem 19 (do, that (l) (we) last saw the deceased alive an the sept 1960, and that weath accurred at 6:25 FM, fram causes and an the date stated above 22b DATE SIGNED **SIGNATURE** Sept.21-1966 DIRECTOR 22d **ADDRESS** N. market Street, Frederick, ad. NAME (Type) Charles H. Conley, 23b DATE THEREOF 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. (County) REMOVAL (Spec by) W. of Frederick, Ad. Sept.24-1966 Frederick Mem. Park

Frederick, Md.21701

250 REC D BY REGISTRAR

25b REGISTRAR S SIGNATURE

Page 4 may be retained by the FUNERAL DIRECTOR: After VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR

M.P.Etchison

33

director, page 3 should be filed v

funeral and 2

n and completely filled in by se remove carbon papers d'in any event, within 77 ha

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24 haurs ofter death.

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requires that the death cert ficate be executed



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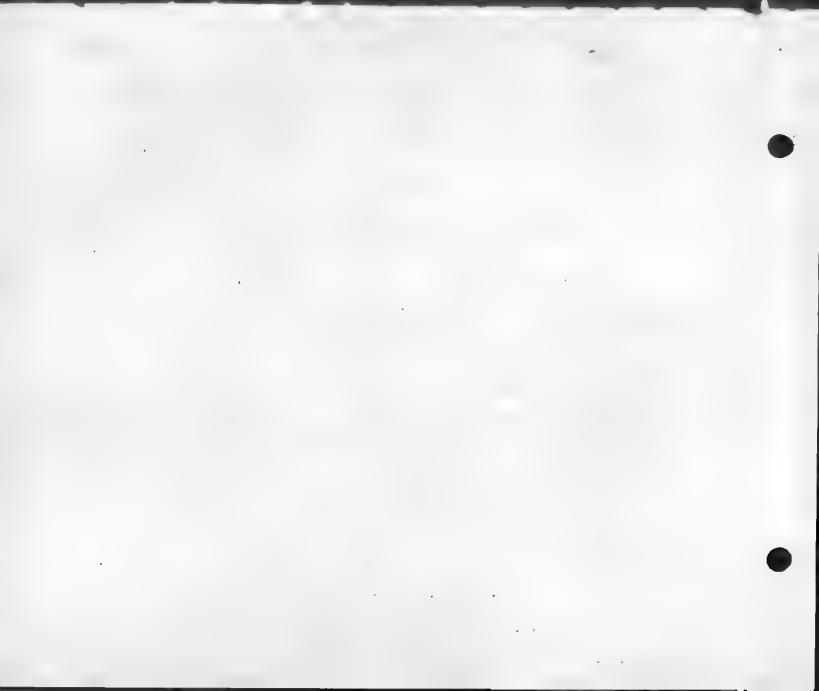
24 hours after

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

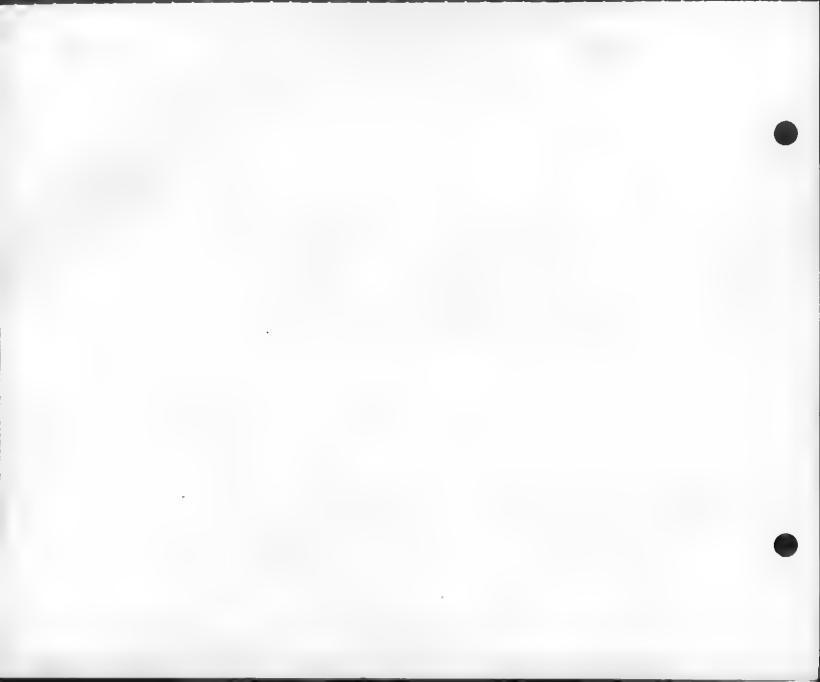
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 198

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
Frederick MARYLANO	a. STATE b. COUNTY Laryland Frederick								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
Frederick	Frederick /// -/								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  0. IS RESTOENCE ON A FARM?								
231 North market Street	231 North Harket Street YES NO K								
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year								
(Type or print) LARY ELIZABETH	LEASE DEATH September 30 1966								
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years   IF UNOER 1 YEAR   IF UNOER 24 HRS. last birthday) Months   Oays   Hours   Min.								
Female White WIOOWEO DIVORCED	January 2, 1893 73 yrs.								
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?								
Retired Clerk	Prederick, maryland U. S. A.								
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME								
Millard F. Lease, Sr.	Fannie G. Danner								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) I (If yes pine war or dates of service)	INFORMANT Address								
1 10   217 10 9143 Liis	ss Katharine Lease(Same as item # 2)								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OBATH								
PART I. OEATH WAS CAUSED BY: Pogument Fire									
7 · DUE TO	several								
Conditions, if any, which (b)									
gave rise to Immediate (									
	Conoral and Apteriacoloros								
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
77. 7,									
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PARTIE OF THE PART	JRREO. (Enter nature of Injury in Part   or Part    of Item 18.)								
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor p.m. 19 at work at work	bry, street, office bldg., etc.)								
p.m. 19 at work at work									
21. I certify that (I) (this hospital) attended the deceased from 19 to the following 19 ,									
	t death occurred a								
220. SIMMING MED STAFF - 7 700									
1. 7 1721 ad 27, 6. M.	D. ATTENOING X ORECTOR PHYS. OCt. 1, 1966								
22c. PHYSICIAN'S NAME (Type)   Gilcin F. Meadors, h. L.	810 Toll House Ave. Frederick, waryland								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER									
Burial Oct. 3. 1966 Fount Olivet	Cemetery Fragerick, Maryland								
24. FUNERAL DIRECTOR Sough M. ADDRESS Factor	258. REC'O BY REGISTRAR 250. REGISTRAR'S STUMATURE								
M. R. Etchison & Son, Frederick, Mary									
The ite profitson of pone Liedel Toke mail	1 - 1 - 1								

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH ? USUAL RESIDENCE (Where deceased lived, f strint > Relide we before odmission! a COUNTY o. STATE b. COUNTY 3 to Page E ITY OR TOWN IF IT HOS . IT O + c CITY OR TOWN If outside corporate limits, write RURAL and live regrest town, c LENCTH OF STAY N 16 witte RURAL and give nearest fown, \*\* vood ine Frederick d NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address) d. STREET ADORESS hours Hichway Box 42 State in pencl in Item 18 Give Pages Exammer's Office olang with for This certificate shauld be executed within 24 hours after death 3 NAME OF First Middle 4 OATE OECEASEO OF OEATH LA"IAI OY Sept. 4. (Type or ,e nt) 7 MARRIED 6 COLOR OR RALE 8 DATE OF BIRTH 9 AGE NEVER MARRIED X years lost berindoy! Montas Duys 7/17/50 WIDOWED [ DIVORCED ale The ALOC PAL IN - kine of worked te IDB KING OF BUSINESS OR 1" BIRTHP ACF fote or Fireign country, 12 CITIZEN OF WHAT dir. , richt if working is ever if ret eo. IND STRY COUNTRY? Talti ore, di. farwarded to the thief Medical Examiner's 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME Roy Loo ev, Sr. Constance Labinski La a . WAS DECEASED EVER IN " ARMED FORCES? 6 SOCIAL SECURITY NO 7 INFORMANT Address IYes no or unknown) lift yes give war ar dates of service La ah 2. Loorez, a her, above .8. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) \_ s used as a buriol-trans a buriol, cremation, o **OUE TO** Conditions, if ony, which gove ] nse to immediate cause (o), DUE TO stating the underlying couse lost PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(0) 19 WA AUTOPS PERFORMED? YES TO NO 4 should be 20g EXTERNAL EAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of term 8) 3 should PRIMARY Der CONTRIBUTING anto accident CAUSE OF DEATH 20s. TIME OF INJURY Month, Day, Year 2Dd HOURY OCCURRED & 20e , PLACE OF INJURY (Home, form (City or town) [County] (Stote) While at work of work Hocton, direct office b dg etc) may be retained far your FUNERAL DIRECTOR: Page -4 1966 the funeral director. Page fo FUNERAL DIRECTOR: Particular Health or its designated 21. I certify that took charge of the remains described above held on Autopsy 174-Inspection ... and in my opinion death resulted from Notural couses , Accident 199 Suicide . Homicide . Undetermined monner CHIEF MEDICAL EXAMINER 22 DATE SIGNED ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, I.D. NAME 'Type! Address (Street, city, town or county) 23b DATE THEREOF 230 BURA CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION ( by or Town) saltimore, Haly toder er Cem. 9/7/66 24 PUNERAL DIRECTOR 3331 Lane ADDRESS Brehms 250 RECD BY REG STRAR 2Sb REGISTRAR'S S GNATURE VR AISME (5) 1966 actionle Judge DATE



VR A15 (4) 20 M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12735

ì.	PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)     a. STATE     b. COUNTY
	Frederick MARYLAND	Maryland Frederick
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RLRAL and give nearest town)
	Frederick 2 Hours	Frederick
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS    ON A FARM  ON A FARM
Tr	ederick memorial Hospital	507 Fairview Avenue
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
	(Type or print) Catherine Irene	Maggio DEATH September / 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Oays   Hours   Min.
ďe.		April 4, 1902 64 yrs.
10a Juri	ing most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	Housevrife FATHER'S NAME	Frederick, Maryland U. S. A.
	William H. Stup	Mary Ellen McDevitt
		INFORMANT Address
( I E		cent S. Maggio, (Same as item # 2)
- 1	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
-	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Charesture Yes	ONSET, AND DEATH
	DUE TO	1/1
	Conditions, If any, which \ (b) Ulil 11 to cle to	tu Heart Luseres
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
5	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
5		YES NO
EK I	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury in Part I or Part II of Item 1B.)
A		CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
EDIC	Hour a.m. While Not While factor	y, street, office bldg., etc.)
Ξ	p.m. 19 lat work at work	8/2 7 10' ha id by 10' that (1) (us) look
i	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on seed 7 1966, and that	death occurred at 4 2 M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DAJE SIGNED
	W/ 1 service & weeked M.O.	ATTENDING MED. STAFF PHYS. D 9,7/66
	22c. PHYSICIAN'S	22d. AGORESS
	NAME (Type) A. Austin Pearre, M. D.	1 4 East Church Street, Frederick, Md.
23a.	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
D. /	Burial Sept. 9. 1966 Mount Olivet	Cemetery Frederick, Maryland
24.	FUNERAL DIRECTOR Socials M. ADDRESS Field	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	M. h. Etchison & Son, Frederick, Mary	yrand outeSEP 9 1956 yellarles Judge

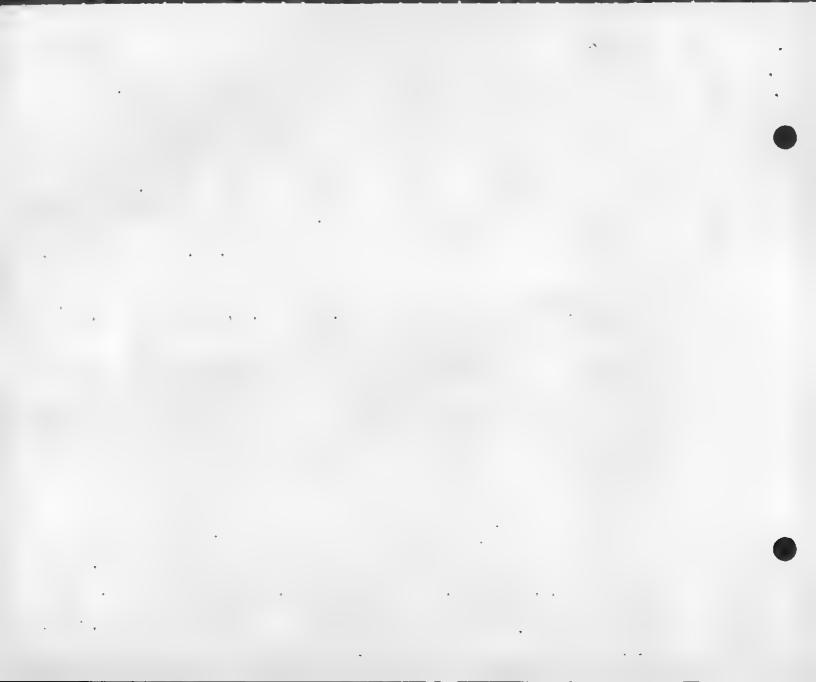


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased liver of let liver Revenue before admir.) PLACE OF DEATH b. COUNTY a COUNTY Page deoth. ā MARYLAND Deportment pup write SUPAL and give nearest town after ( Ladies d NAME OF HUSE TAL OR INSTITUTION of not in hispital, give street oddress.) ate Der Pages ? NAME OF M dd e Lost 4 DATE Month Doy e St 72 OF SEPT DECEASED the 8 Give a within NEVER MARRIED IF UNDER 24 HRS last out doys WIDOWED DIVORCED lond2 any event Chief Medical Examiner's Office " ZEN OF WHAT State or rareign countrys during most of working life, even if retired) executed within 24 pencil remayor 18 CAUSE OF DEATH (Enter only one couse pe buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH Ь IMMEDIATE CAUSE (a) o cremation, DUE TO certificate, writing the war This certificate shou Conditions if any which gave 100 rise to immediate couse (a) DUE TO stoting the underlying couse 0 buriol, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 9 WAS AUTOPSY PERFORMED? YES TO NO prior ta shauld be 20^ FXTERNAL (AUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW NURY OCCURRED (Enter noture of nury in Part Lor Port II of item 18) 3 should STAL EXAMINER: CAUSE OF DEATH 5 may be retained for your files 10 FUNERAL DIRECTOR: Page 3 sh. Health or its designated agent. 20c TIME OF INJURY Manth Doy Year While of work at wark factory street office bida etc.) the funeral director Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Sept, 5,19 66 (Noodobow -21 I certify that I tack charge of the remains described above held an Autapsy 7. Inspection and in my opinion Natural causes , Accident . death resulted fram. Suicide . Ham cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. NAME 'Type' Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Burial 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 25b REGISTRARS S GNATURE

VR A15M6-(5



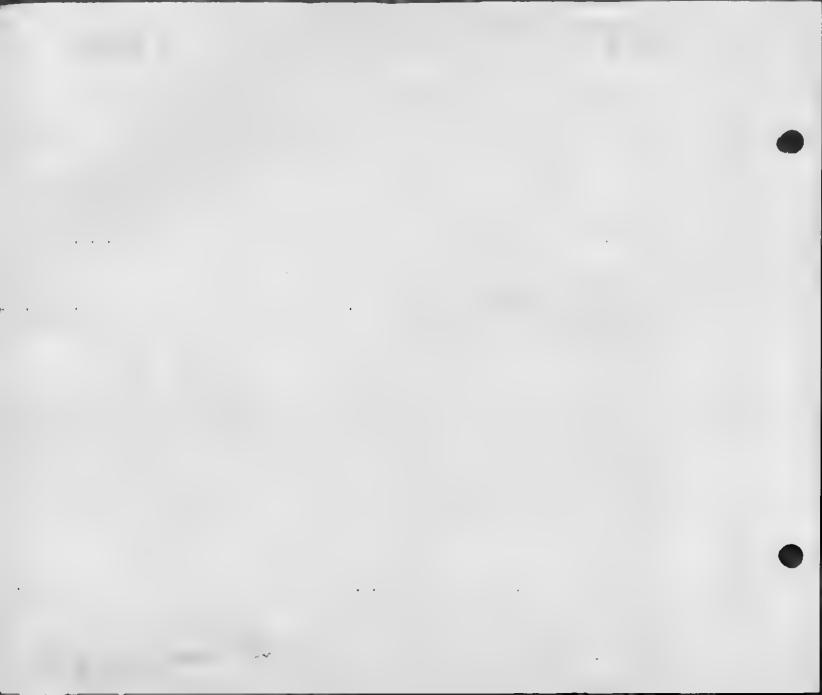
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12762 CERTIFICATE OF DEATH 24 haurs after death funeral and 2 er death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I PLACE OF DEATH a. COUNTY b COUNTY Maryland Frederick Frederick ofter MARYLAND b CTY OR TOWN 1st outside corporate im ts C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL ond give negrest town Rural - Frederick hours Rural- Frederick years d NAME OF HOSPITAL OR INSTITUTION . If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? paper Frederick County Home Route 6 YES NO S event, within within ease remove carbon 3 NAME OF Middle 4 DATE Lost Month Day Year completely DECEASED Marv Irene McMaster Sent. /Type or print) DEATH 19 requires that the death certificate be executed S SEX 6 COLOR OR RACE DATE OF B RTH AGE "in years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARR ED lost birthday) Months Female White WIDOWED DIVORCED Feb. 20-1882 100 US, AL OC UPATION Give kind of work done IDE KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1 BIRTHPLACE (County & State or foreign country) during most of working life, eyen if retired)
Retired INDUSTRY COUNTRY 2 Companion of sick Frederick Co. Md. U.S.A. 13 FATHER , NAME 14 MOTHER'S MAIDEN NAME cremation, ar removal Henry Clay Stauffer Margaret Jeannette Cramer IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address IYes, no or inknown) (If yes give wor or dates of service) Mrs. Donald L. Plunkard-Norva Ave. Frederick-18 CAUSE OF DEATH (Enter only one couse per line for (o) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO 3: - X burial, Conditions, if only, which gave (b) rise to immediate couse (a), DUE TO as the beriarior take stating the underlying cause Page 4 may be retained by the hospital or attending last. nos ( PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? of Heolth NO 3 YES [ certificate TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for should be filed with the State Dept. af Hea 200 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW IN. JRY OCCURRED (Enter noture of injury in Part I or Port I of term 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Dr TIME OF N. JRY Month, Doy, Year (City or town) (County) (Stote) Hour am. While factory, street, office bldg., etc.) Not While ot work at wark 21. I certify that (I) (this hospital) attended the deceased fram, and that death accurred at 2a.m.M. from causes and an the date stated above. saw the deceased alive on 22o SIGNATORE 22b. DATE SIGNED **ATTENDING** Sept .15-1966 M.D PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type B.O.Thomas- Jr Prof. Bldg.- Frederick, Md. 21701 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Burial Glade Cemetery Walkersville, Md. 21793 250 REC'D BY REGISTRAR 2Sb REGISTRAR S S.GNATURE VR A15 (4) Frederick, Md.21 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY **b.** COUNTY Marvland Frederick Frederick the d 2 by the and death b. CITY OR TOWN it outs de corporete limits, c. City OR TOWN (If outside corporete I m ts, write RURAL end give neerest town) LENGTH OF STAY IN 15 write RURAL and give neerest town) vears Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION Lif not in hospite,, give street address d STREET ADDRESS . IS RESIDENCE 304 North College Parkway 304 North College Parkway YES NO K completely papers 3. NAME OF Middle Last 4. DATE Year DECEASED NETTIE MAE NEIL. September 23. 19 66 (Typa or print) within carbon 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR . F UNDER 24 HRS and last birthdey) Months Deys Hours remove car Female White W DOWED XX DIVORCED | January 21, 1882 physician 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? gane during most of working life, even if retired) Brunswick, Maryland F.S.A. None Homemaker. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊆ attending p Mary J. Shillings Joseph Virtz Tr.en 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive were dates of service) 'Mrs. Gertrude Glass 15 Frederick Ave. Fred. Md. permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter on y one ceuse per line for e] (b), end (c).] physician. þ ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (\*) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS ALTOPSY CERTIFICATION the hospital as o PERFORMED? NO X use prior 20b. DESCRIBE HOW INJURY OCCURRED I finter nature of injury in Part I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING .T OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: Affer many be detached fr MEDICAL 20c. TIME OF INJURY 20d. NJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Dev. Year (Stelp) fectory, street, office bldg., etc.) Not While Hour e.m. 70 el work et work 19 5 5 to 1 - 2-5, 1965, that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from. 1966., and that death occurred at 5 M, from the causes and on the date stated above saw the deceased alive on. 22a. SIGNATURE 22b. DATE DIRECTOR T death. Page 4 M D HOSPITAL page with if 22c PHYS C.AN' ADDRESS NAME (Type) Dr. M.D. 220 North Market Street Frederick. Md. Rex R. Martin 230. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) REMOVAL (Specify) 0:48 Frederick, Maryland Mount Olivet Cemetery Buria 24 FUNZKAL DIRECTOR'S 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Frederick, Maryland VR A15 (4) ^ 20M 5-63



E. Greager

the death certificate be executed within 24 haurs after death

funeral 1 and

signed by the burial-transit p

**ATTENNING PHYSICIAN:** The law requires that

Page 4 may be retained by the haspital or attending

DIRECTOR: After this certificate

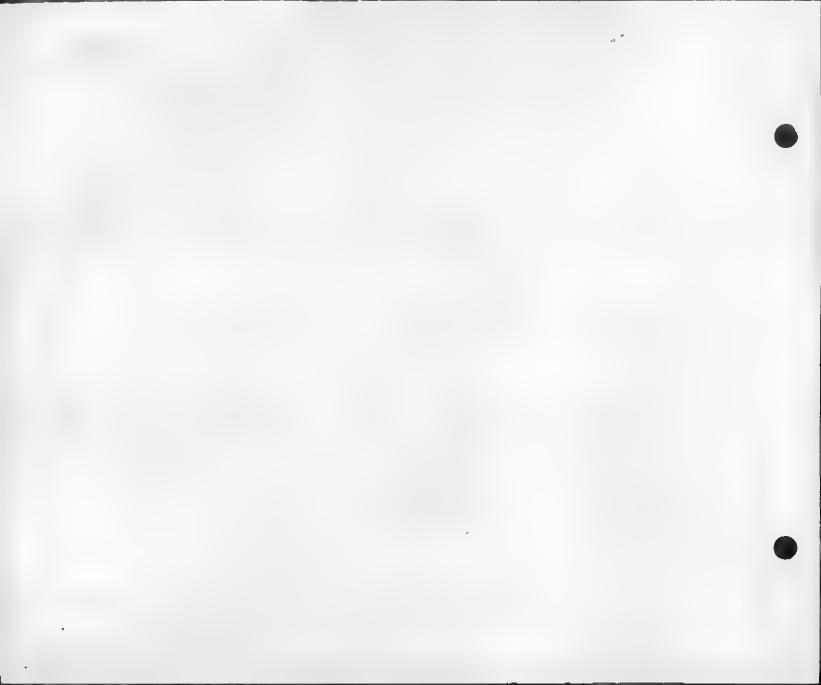
VR A15 (4) E.



	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12741	
HEALTH DEPT.	LACE OF DEATH  JUSTY  WARY, AND  2 USUAL RESIDENCE "Where deceosed lived, for the Residence better odr's or state  o STATE  MARY, AND  MARY, AND  CITY OR TOWN 1/2 riside capacing lemins, write RURAL and give nearest town	
f c.ty delay 1, 2, and 3 m PM3, Pog Deportment	Lewistony.	
Poges 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	NAMOOF HUSPITAL OR INSTITUTION (if not in hospital, give street oddress)  d STREET ADDRESS  i ON A FARM  YES NO	<u>-</u> ا
offer de 8 Give I olong w with the within 7	WIDOWED DIVORCED VEC. 30, 1127 41 vis	
within 24 hours in pencil in Item 18 Examiner's Office File address lond 2 and In-afry event	UN SC PAT IN The Kind The Ark doile 10b K'ND DE BL'INESS OR NE USTRY PETERS OF THE STORY OF THE	
xecuted nding" ii Medical permit imoval,	WAS DECEASE UP EVER A 15 ARMED FOR F ?  16 SOC A. SECURITY NO INFORMANT  18 CAUSE OF DEATH (Forte y one couse per ing to a o b and 1)  PART I DEATH WAS CAUSED BY  NO SET AND DEATH  ONSET AN DEATH  ONSET AND DEATH	
the word to the Charlette	8/6 / IMMEDIATE CAUSE (a)  Conditions forly which gove use to immediate cause (a), stating the underlying cause of the conditions of the underlying cause of the underlying ca	
0 7 -	PART III OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WA 2-TOPSY PER JRM D? YES TO NO	
EXAMINER: Th.s. ute the certificate age 4 should be fayour files. Your files adapt, prior to adapt, prior to	20b DE CRIBE HOW INJURY OCCURRED (Enter noture of injury - Part II of item 1B.)  AUSE OF DEATH  20c TIME OF INJURY Month Doy Year  Hour or m  William Not While Interpret of the blade etc.	e;
ral Exam : execute the for. Page 4 cross-page 4 cross-page 4 cross-page 4 cross-page 4	Hour of m 19 19 19 19 19 19 19 19 19 19 19 19 19	1 00
DEPUTY MEDICAL I	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAM NER  DEPUTY MEDICAL EXAM	IED
necessary, in the funeral 5 may be reformed to Funeral 7 may be reformed to Funeral 8 may be reformed t	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County), (State)	
VR ATSME STY	FUNERAL DIRECTOR  J. C. Barton Walkerwille, md. Date SEP 26 1996	d.



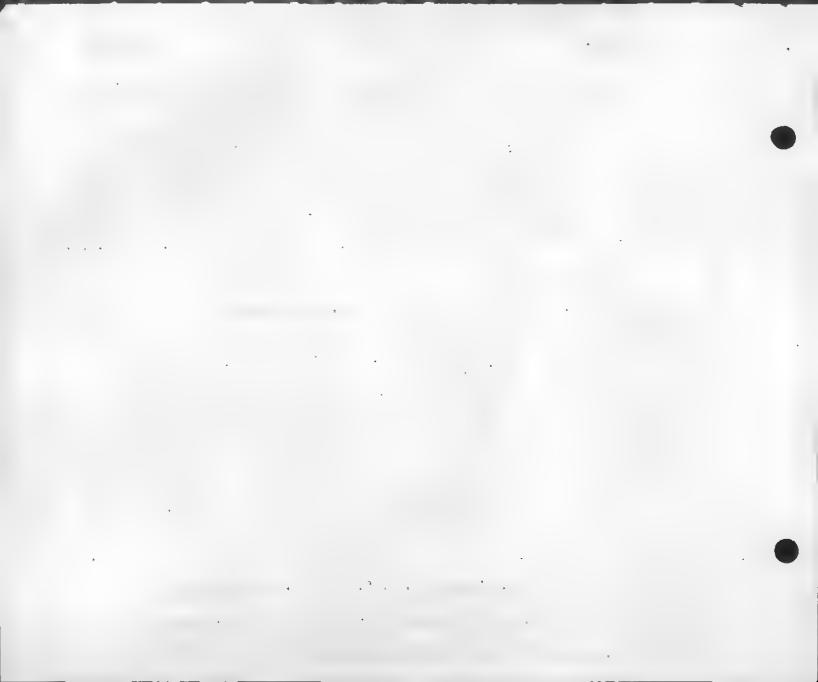
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 1 33 6 S ond 2 executed within 24 hours after death 2 USUA, RESIDENCE (Where deceased lived | finst tut an | Residence before admission) PLACE OF DEATH g. COUNTY MARY, AND by the f Pages tours afte b CITY OR TOWN (If a its de carparate limits, € LENGTH OF STAY N 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) completely filled in by the move carbon papers Poge within 72 hours a write RURAL and give negrest town) d NAME OF HOSPITAL OR INSTITUTION If not in haspital give street address) d STREET ADDRESS S RES DENCE ON A FARM? YES NO F. 3 NAME OF Middle 4 DATE Last Month Year DECEASED OF Type or print) DEATH 19 AGE 'In vects IF UNDER 7 MARRIED NEVER MARRIED and comp last birthday) Days Haurs and in any WIDOWED DIVORCED 12 C TIZEN OF WHAT 10a SUAL OCCUPATION (Give kind of work done 10b K ND OF 8115 NESS OR 11 BIRTHPLACE (County & State or foreign country) requires that the death certificate be eose during most of working life, even if retired) INDUSTRY CO NTRY? 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, Comment Porton attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, or unknown) If If yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per line for (a) INTERVAL BETWEEN signed by the burial-transit p burial, cremoti PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a). phys clan. DUE TO Carditians fany which gave nse ta immediate couse (a), **DUE TO** stating the underlying cause attending os the last. WAS AUTOPSY PERFORMED? has PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF ON GIVEN IN PART 1(a) for use Health p TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept of Health by the hospital or TO HOSPITAL OR ATTENDING PHYSICIAN: 20a ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part IV of items/18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City ar tawn) (County) (Stote) Hour a.m. factory, street, affice bldg, etc.) at wark L at wark 1966, to Akh. 21 | certify that (1) (this haspital) attended the deceased fram 126/13 30, 1966, that (1) (we) last be retained 19 66, and that death occurred at 7 450M, fram/causes and on the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a SIGNATURE D RECTOR ADDRESS 22d 22c PHYS CIAN'S Page 4 may NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a 8 RIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify.) **ADDRESS** 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Sykesville. 111. 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY h. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 15 hours Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 6. IS RESIDENCE within 72 ON A FARM? Frederick Memorial Hospital N. Market St. NO IX within npletely carbon p Harriet NAME OF First Middle RhoderickLast DATE Month DECEASED DF event, 1 (Type or print) DEATH 6. COLÓR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS Ve 7. MARRIED ( NEVER MARRIED X last birthday) | Months | Cays and c Hours Female WIDOWED [ DIVORCED September 63 10a. USUAL OCCUPATION (G vekind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) ease and ir during most of working life, even if retired) INDUSTRY COUNTRY? Waitress U.S.A. Restaurant Frederick Co. Md. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Rhoderick Amanda Fox been signed by the attendithe burial-transit permit r to burial, cremation, or re-15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Pine Ave .- Frederic 277:--70--3093 Irving E. Rhoderick-915 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate has been as the t DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Hwalt I PERFORMED3 certificate PHYSICIAN: The NO. YES 20a ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d at work at work 21. I certify that (I) (this hospital) attended the deceased from shoul and that weath occurred at 2002 M, from the causes and on the date stated above. OIRECTOR reta. saw the deceased alive on... SIGNATURE DATE SIGNED 22a. 22b: page M.D. DIRECTOR FUNERAL HOSPITAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) LeRoy Davis Frederick, Md. 21701 23a. BURIA... CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C.ty, town or county) REMOVAL (Specify) Mt. Olivet Frederick. Md. 25a. REC'D BY REGISTRAR I 255. REGISTRAR'S SIGNATURE DATES Frederick, VR A15 (4) 20 M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a a. STATE b. COUNTY Frederick maryland MARYLAND Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b papers. Fee write RURAL and give nearest town) hours Frederick Frederick Ξ Davs filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Frederick Memorial Hospital East Third Street NO X YES within completely carbon 3. NAME OF First Last 4, DATE Month Middle Day Year DECEASED OF event, DEATE entember (Type or print) WALTER 19 66 5. SEX and con remove any eve 6. COLOR OR RACE DATE OF BARTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS. 7. MARRIEDX NEVER MARRIED Hours Male WIDOWED OIVORGEO Sept. Ξ 10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR physician in please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY certificate be and COUNTRY? Sander Ox Fibre Brush Co. Frederick County. U?S.A. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Wilbur Rinehart Ada Brust transit permit 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) death drs. Katherine Rinehart Same as item INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) been signed by the burial-transit or to burial, crema DNSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate has been a as the prior to DUE TO (a), stating the underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT for use PERFORMED? certificate YES TY No [ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 늘 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this cer CAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MED. After Id be c 19 at work at work p.m. retained 19 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last shoul 3 sho saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 22a. SIGNAFURE 22b. DATE SIGNED pe page Sept. M.D. PHYS. DIRECTOR PHYS may O HOSPITAL FUNERAL director, pa PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) 228 Market Street Frederick ... id. Page 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Frederick. Mount Olivet C .meterv Maryland 24. FUNERAL DIRECTOR DATE Son, Frederick 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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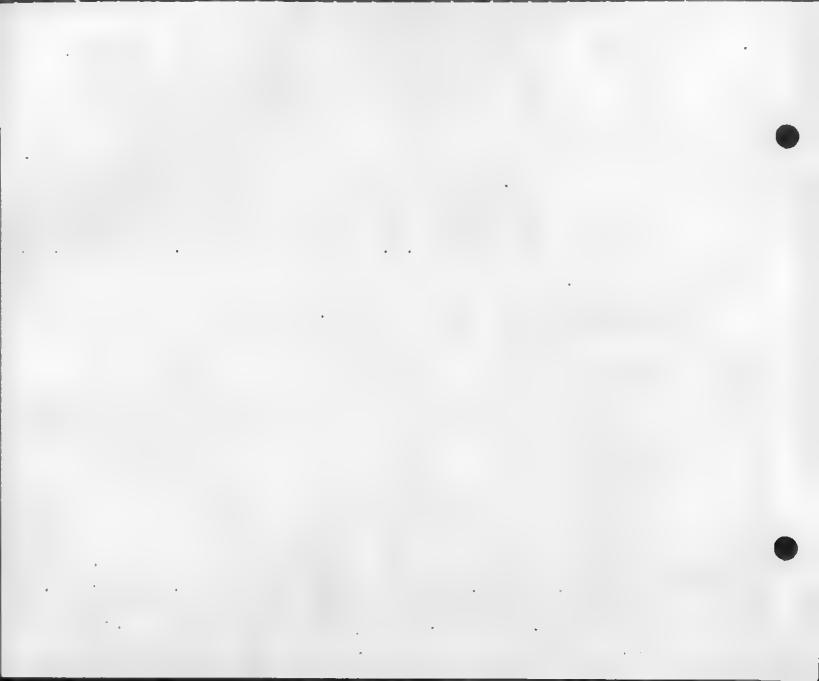
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Their please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or refrontly and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

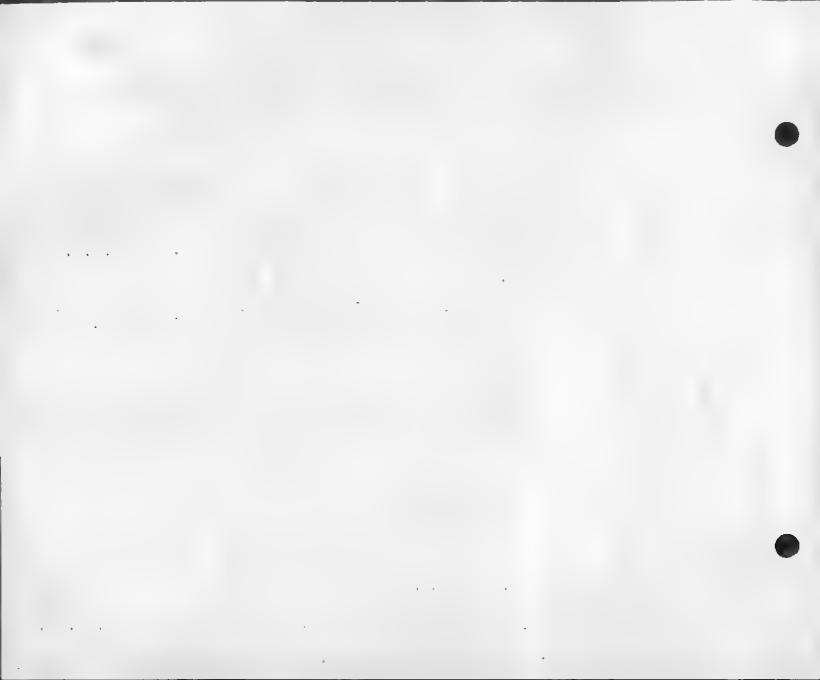
Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200.00	- direct ((or more))	occounted (	and noted of injury at 1	21, 10, 10,1	1 11 01 110111 10.)					
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ı		21. I certify that (1) this hospital) attended the deceased fram // // 19 64, to 9/39, 1966 that (1) (we) la												
ı		saw the deceased alive on 927 1966, and that death occurred at 12noon from causes and an the date stated above												
		220 SIGNATURE	7 1	0	0		ATTENDING	MED.	STAFF	22b. DA	E SIGNE	D		
		/c	telrand	C. K	lymitel	MD	PHYS X	DIRECTOR	PHYS.	Sept	.30-	-196	5	
		22c. PHYSICIAN S NAME (Type)	Dr. Richa	nd C I	Pormolde	1	804 Toll	Uouso	A-10 E-1	andomi	ole	Ma		
											CK	MICI .		
	230	BURIAL, CREMATIO REMOVAL (Specify)			23c. NAME OF CE				CATION (City or Tov	, ,	County)	,	tote)	
-	24	Burial	Oct - 1-	1966	Mt. Oliv	et Cem	etery	Fr	ederick,					
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH n. COUNTY Frederick MARYLAND Frederick CLENGTH OF STAY IN 16 c C.TY OR TOWN (If outside corporate limits, write RURA, and give negrest town) b CITY OR TOWN IIf outside companies mits write RURAL and give nearest town) Mversville vears Mversville .⊆ d NAME OF HOSPITAL OR INSTITUTION 11 not in hospital give street address: d STREET ADDRESS IS RES DENCE ON A FARM? filled i YES NO TE 3 NAME OF Multile First 4 DATE Month completely i DECEASED OF September 28
AGE (In years | IF UNDER 1 YEAR (Type or pant) RUSSELI. ROY DEATH S SEX 6. COLOR OR RACE AGE (In years 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Months ond in ony male white WIDOWED D.YORCED 10g \_SUAL OCCUPATION (Give king of work done 10b KIND OF BUS.NESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT Self em during most of working life even if retired)
Retired Painter ease **EDUNTRY?** Frederick Co. Md employed II.S.A 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removal. Carlton P. Shank Sarah Rebecca Palmer IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no or unknown) (If yes give wor or dotes of service Hoy H. Shank, 2805 Coldbrook Lr. 219-36-4805 Washington, D. G. C. Colons 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) the signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if only which gove rise to immediate couse (a), DUE TO stating the underlying couse the rte hos been , A Mildus last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO this certificate 200 ACCIDENT WAS UNDERLYING 205 DESCR BE HOW INJURY OCCURRED (Enter notice of niury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF .N.URY (Home form (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work TO FUNERAL DIRECTOR: After 2) I certify that (I) (this haspital) attended the deceased fram. 196: 7-78 1966, that (I) (we) last plnous be retained 1966, and that death occurred at M. fram causes and an the date stated above. saw the deceased alive on 220 SIGNATURE 22b DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Smithsburg, Maryland 21783 Charles F. Hess. M.D. 23g BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Myersville Fred .Co .Md Grossnickle! 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66 Bittle Mversville Md DATE



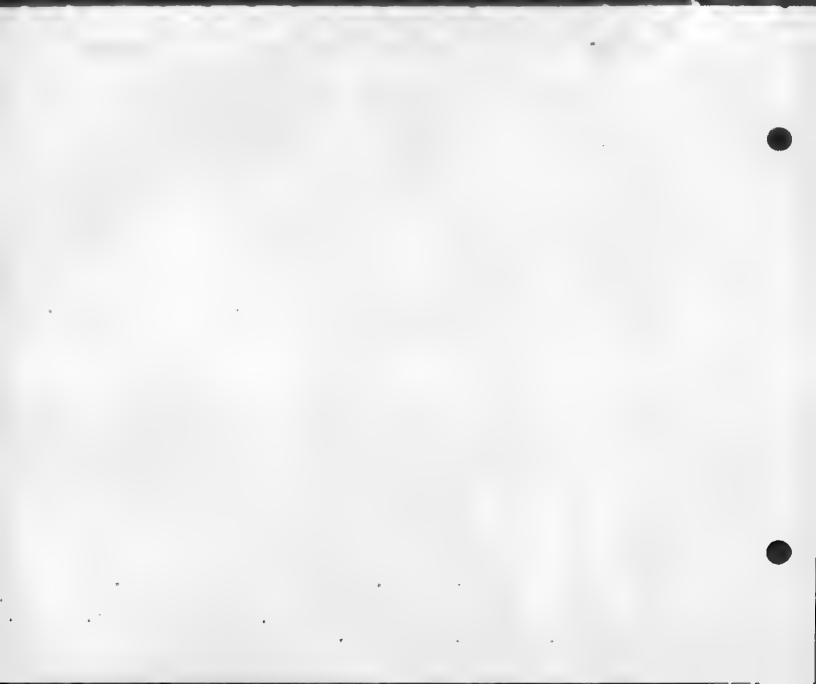
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Frederick Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate f.m.ts, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural- Browningsville mo.19 days Braddock Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8 IS RESIDENCE ON A FARM? RFD # 1, Monrovia Vindobona Inc. YES X NO etely 3 NAME OF First Milddle Last DATE Ξ DECEASED i and complet remove carb it any event, it (Type or print) DEATH 26 Edith E. Snyder Sept. 19 66 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days WIBOWED DIVORCED White Dec. 9.1876 E 10a, USUAL OCCUPATION (Cive kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) | 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Fousewife
13. FATHER'S NAME Own home Browningsville, Md. TISA certificate 14. MOTHER'S MAIDEN NAME Frank Purdum Sybelle Browning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes. no. or unkown) (If yes give war or dates of service) death ned by the att I-transit perm II, cremation, None Forrest B. Snyder. No Monrovia. Md. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. Several DUF TO Arteriosclerotic de rt Disease Cenditions, If any, which as the bi gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) certificate hather the total for use of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY ICATI PERFORMED? YES I CERTIFI PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ this certification of the standard of the stan OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm.) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. be at work at work DIRECTOR: Af age 3 should be Siled with the S HOSPITAL OR ATTENDIT age 4 may be retained 21. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_ saw the deceased alive on \_\_\_\_ and that death occurred a country of from the causes and on the date stated above. 22a. SIGNATURE M.D PHYS. DIRECTOR PHYS O FUNERAL D director, pag should be file PHYSICIAN 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Burial Browningsvil 24. FUNERAL DIRECTOR Molesworth, Damascus, Md. VR #15 (4) 20M 1/65

NO



20M

DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if nstitution Residence befare admission) PLACE OF DEATH n COUNTY b COLNTY Frederick MARYLAND Frederick E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b CITY OR TOWN (I outside rarporate I mits write RJRA\_ond give neorest town) Jefferson Years Jefferson filed nil d NAME OF HOSPITAL OR NST. JUTION (If not in hospital give street oddress) d STREET ADDRESS e S RES DENCI DN A FARM? Jefferson Jefferson YES NO IX requires that the death certificate be executed within 3 NAME OF Middle 4 DATE Month carbon Year OF September DECEASED (Type or print) TLub3 Thrasher FUNDER 1 YEAR IF UNDER 24 HRS S SEX 8 DATE OF BIRTH 9 AGE ( in years 6 COLOR OR RACE NEVER MARR ED lost birthdoy) White DIVORCED April 15.1893 Male WIDOWED On USUA, OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working fe even if retired)
Retired INDUSTRY Frederick County, \_d. Nurseryman attending physica permit. Then plea ian, or removal, dig 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Ella Miller William K. Thrasher 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND 17 INFORMANT Address (Yes pg, ar unknown) (If yes give wor or dotes of service) Mrs. Mildred Thrasher (Same as item # 2 03 INTERVAL BETWEEN IB CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c).) signed by the burial-transit purial, crematic DISET AND DEATH PART | DEATH WAS CAUSED BY IMMED ATE CAUSE (o) DUE TO Conditions, flony, which gove nse to immediate couse (o), DUE TO prior to b stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DND T ON GIVEN IN PART 1(o) 19 WAS AUTOPS!
PERFORMED? CERT F CAT ON be detoched for use State Dept. of Health NO 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INSURY OCCURRED (Enter notuse of miury in Port I or Port II of stem IB.) OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) T.ME OF INJURY Month, Day Year Hour o.m. foctory, street, office bldg, etc.) ot work // ==< > . 19.5 > C sthat (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from 1960 to\_ Page 4 moy be retained 19 4- 1, and that death accurred at 2 PM, from causes and an the date stated above saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. Sept. 30,1966 director, page Should be filed ADDRESS 22c PHYSICIAN'S NAME (Type) Brice I. Jefferson, maryland 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVA (Spec fy) St. Paul's Lutheran Cem. Jefferson, maryland

250 REC D BY REGISTRAR

256 REG STRABS SIGNATURE

VR A15 (4) 20 M 1/66 24 FUNERA, DIRECTOR

R. Etchison & Son, Frederick, L.



M

PLACE DE DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death. after death, 24 hours executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 127:41

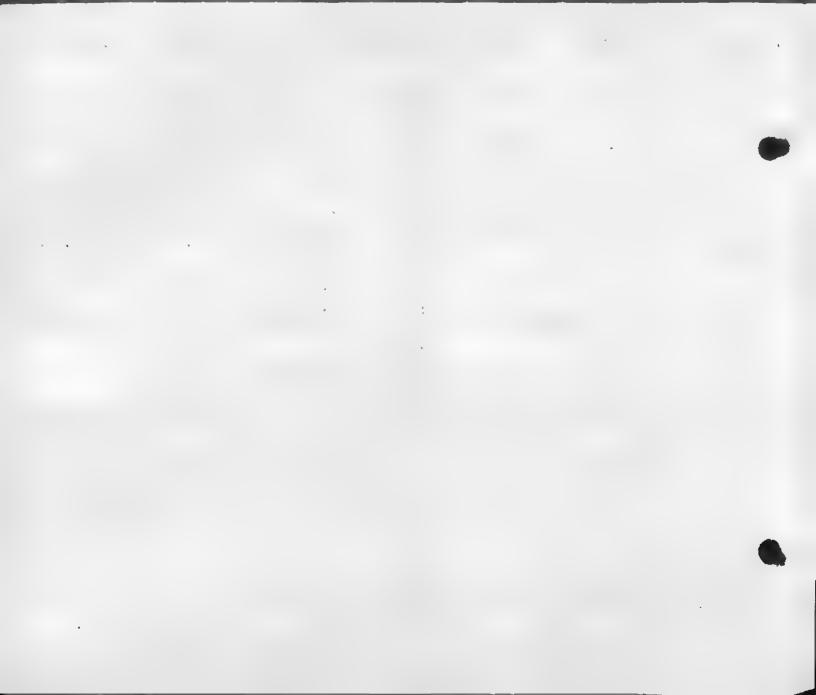
11.2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

	a. COUNTY	a. STATE b. COUNTY				
_	Frederick MARYLAND	C. CITY DR TOWN VI outside corporate limits, write RURAL and give nearest town				
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town				
	Frederick 2 days	Rural Middletown				
1	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
	Frederick Memorial Hospital	YES ND				
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year				
	(Type or print) JAMES W.	TURNER DEATH SEPTEMBER 18 1966				
5.	SEX   6. CDLDR DR RACE   7 MARR.ED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HR				
- 1	ale white widdwed Divorced	9/13/1886 last birthday) Months Days Hours Min.				
10	a USLAL OCCUPATION (Give kind of work done 10b, KIND DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT COUNTRY?				
	trackman railroad railroad	Frederick Co., Md. U.S.				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	George Turner	Charlotte McBride				
1	3 1447	INFORMANT Address Route 3				
1,1	no or unknown) (If yes give war or dates of service) El	lis Turner, Staunton, Va.				
	1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: ACUTE CORON	VARY THROMBOSIS DNSET AND DEATH 2 days				
		THAY THROMISUSIS				
	Conditions, If any, which \ ARTERIOS CAEPOTU	C HEART DISEASE 10 YNS				
	gave rise to Immediate					
	cause (a), stating the DUE TD					
≥ NO	underlying cause last. ) (c) PART II, DTHER SIGN, FIGANT CONDITIONS CONTRIBUTING TO DEATH BLY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY]					
ATI	That it, billight of the control of	PERFORMED?				
ESC	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU	YES   ND       IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)				
CERTIFICATION	OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ARED. (Esites nature of migray in rate i of rate ii of item 10.)				
AL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLA	CE DF INJURY (Home, farm,   2Df. (City or town) (County) (State)				
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)				
-	21. I certify that (1)(this hospital) attended the deceased from _	9/16 , 1966, to 9/18 , 1966, that (1) (we) las				
	saw the deceased alive on 9/19 1966, and that	death occurred at 11 45/M, from the causes and on the date stated above				
	22a. SIGNATURE	22b. DATE SIGNED				
	Keehand & Keunelle, M.D.	ATTENDING MED. STAFF 9/18/66				
22c. PHYSICIAN'S 22d. ADDRESS						
	NAME (Type) Dr. Richard C. Reynolds	Frederick, Md.				
23	a. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	burial 9/21/66 Mit. Hope C	emetery Middletown, Md.				
2	4. FUNERAL DIRECTOR . ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
2 {	Hadhill Company, Middletown, Md.	DATE SEP 20 1965 Micarles Judge				
4		# # # -				

VR A15 (4) 20M 1/65



PL	MAKYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TIE .	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12751
PT.	PLACE OF DEATH  2. USUAL RESIDENCE (Where decressed lived, If institution: Residence before admission)
	• COUNTY Frederick MARYLAND New Jersey  • COUNTY Bergen
-	b. CITY OR TOWN (if outside corporate limits
	write RURAL and give nearest town) Frederick Weeks Hackensack
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	320 N. Farket Street 22 Grand Avenue YES NO IX
3.	NAME OF First Middle Last 4 DATE Month Day Year DECEASED OF
	(Type of print) JAMES VINCEIT VOZELLA DEATH September 9 1966
	last builday) Months, Dave House
10	Male White WIDOWED DIVORCED NOV. 7, 1386 79 yrs. 12. CITIZEN OF WHAT COUNTRY!
9	hetired Stone Cutter Stone City, N. Y. U. S. A.
13	14. MOTHER'S NAME
	Carmine Vozella Ricardiva Cici
13	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (es, no, or unknown)   (ifyesgivewerordelesofservice)
	151 09 3061 John S. Vozella, (Same as item # 2)
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
	Minutes Minutes
	Conditions, if ony, which \
	gave rise to immediate cause
	(a), stating the underlying cause lest. (c)
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1CA1	YES NO Z
CERT, FICATION	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)  Hour e.m. While Not While fectory, street, office bldg., etc.)
ME	
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion
	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner .
	ACTUAL ROTATIONS ASSISTANT MEDICAL EVAMINED TO DEPP SIGNED
	SIGNATURE AND DEPLITY MEDICAL EXAMINER IN
	NAME (Typa) 15. 0 Sho mas W & Address (Street, city, town, or county)
22	a. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
_	Burial 9/12/66 Holy Cross Cemetery North Arlington, N.J.
2	M. R. Etchison & Son. Frederick, Maryland
-	M. R. Etchison & Son, Frederick, Maryland   DATE OL 13 1866   Markley Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ້າວ້າຄ້ວ້າ MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town ove carbon papers. Page y event, within 72 hours a Jos Dille. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES IND 3. NAME OF First Middle 4. DATE Month DECEASED OF DEATH (Type or print) *U*arfield 19 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7 MARRIEO NEVER MARRIED [ last birthday) Months I Days WICOWED DIVORCED 10a USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Home TISA LOUSEWIFE 13. FATHER'S NAME [ary] and certificate 14. MOTHER'S MAIDEN NAME been signed by the attending the bur al-transit permit. Then it to burial, cremation, or remove David Holland Mary Hutton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or Unkown) ((If yes give war or dates of service) death Albert Marfield Ib dbine, 1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) for use f Health r PERFORMEO? DIRECTOR: After this certificate ge 3 should be detached for use led with the State Dept, of Health ICATI YES NO TH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Cay, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) MEDICAL (County) (State) factory, street, office bldg., etc.) Hour a.m. , Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from Puzz 1926 and that death occurred at fire E.M. from the causes and on the date stated above. saw the deceased alive on \$ 22b. DATE SIGNEO 22a. SIGNATURE TO HOSPITAL OR Page 4 may be TO FUNERAL DIRE director, page 3 ATTENOING DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS 1 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMAT, ON, 23c. (State) REMOVAL (Specify) RECO BY REGISTRAR 250. REGISTRAR'S SIGNATURE Grove Ceneiery 24. FUNERAL DIRECTOR



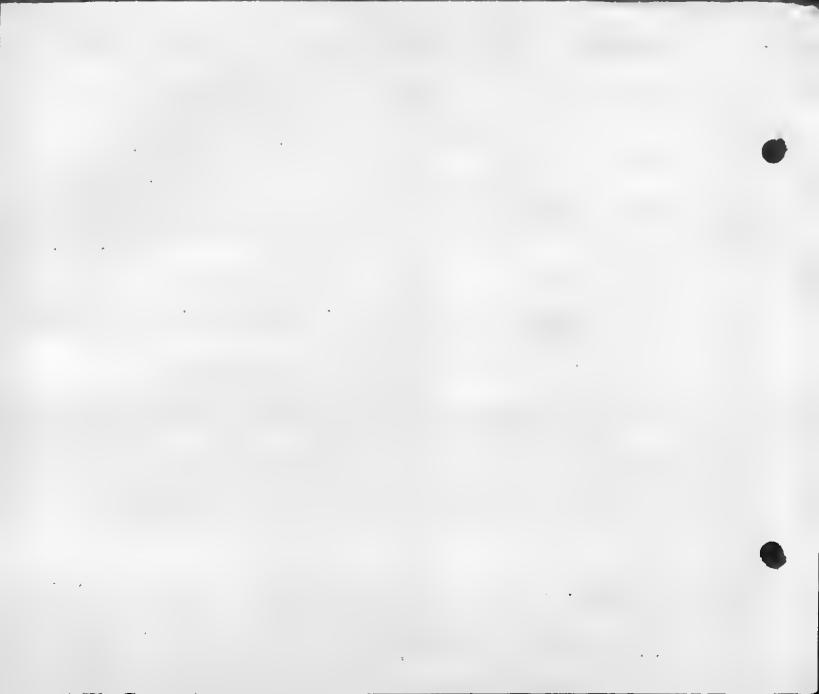
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) Emmitsburg, Maryland filled in papers, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within West Hain NO X completely carbon NAME OF DATE Year DECEASED (Type or print) DEATH Grace Warthen Sept. 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. the attending physician and cor t permit. Then please remove ation, or removal, and in apy eve 7. MARRIED T NEVER MARRIED last birthday) | Months | Days Hours Female DIVORCED 63 WIDOWED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BLS INESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife U.S.A. Liberty Two. Adams Co. Pa. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna M. Knott John W. Wagerman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) ((If yes give war or dates of service) cremation, No Warthen, 620 W. Main, Engitsburg has been signed by the as the burial-transit prior to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per liperfor (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use f Health p r this certificate h detached for use te Dept. of Health PERFORMED? NO 4 YES 20a, ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While -After be Stat ATTENDING 'O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work Q TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3 M, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. DATE SIGNED page filed DIRECTOR PHYS. HYSICIAN'S Emmitsburg. Moringstar George L. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Emmitsburg, Mt. View Cemetery Frederick Co. Md. Burial ADDRESS 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 15M 4-64



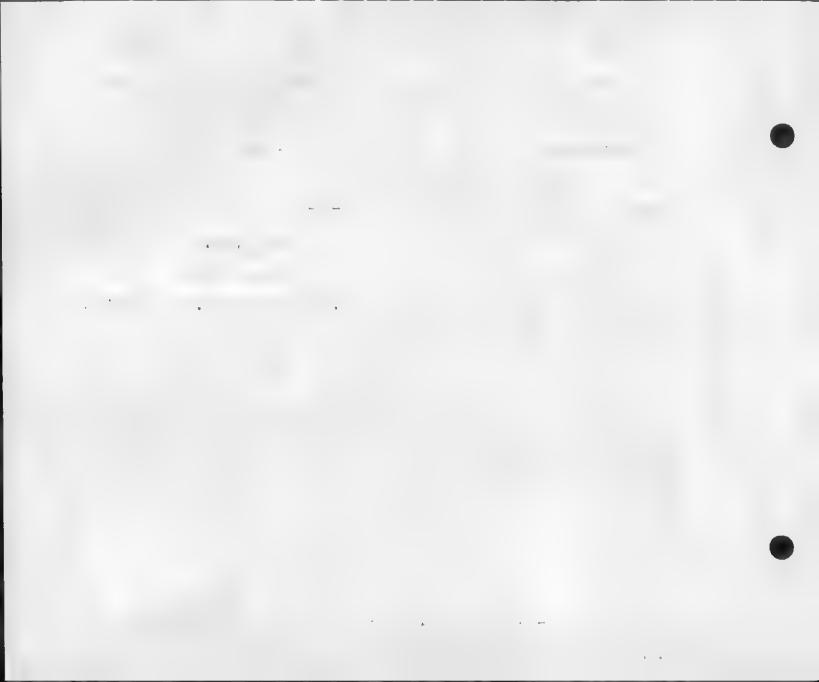
attending



	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	,
TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12755	
PT.	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before a	adm ssion
	a. COUNTY	
-	b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest tow	wa)
ı	write RURAL and give nearest town)	,,
	Frederick Years Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp,ter, g ve street address)  d. STREET ADDRESS  le. IS R	ESIDENCE
1	ON	A FARM?
l.		NO X
	DECEASED	•
	(Type or print) Alice Elizabeth Wiles DEATH September 25- 19	66
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 Sest birthday) Months Days Hours	1 24 HR5
ı	Female   White   WIDOWED   DIVORCED   Oct. 13- 1909   56 yrs.	,
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUNTRY
	Homemaker Own Home Virginia U. S. A.	
	13. FATHER'S NAME	
ı	James Painter Not available	
Г	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address (Yes, no, or unknown)   (Ifyesgivewarordelesofservice)	
١	No 213-24-7703 Uohn P. Roop- 4 Water St Frederick.Nd.21	701
-	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b) and (c).]	TWEEN
П	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Myocardial Infarct	DEATH
ı	DUE TO	
L	Conditions, if any, which \ (b) Arteriosclerotic Heart Disease	
L	gave rise to immediate cause	-
L	(a), stating the undarlying DUE TO  cause lest, (b) Chronic Alcoholism	
l.		LITODEY
1	PERFO	RMED?
1	YES	но 🔀
l	PRIMARY OF CONTRIBUTING CONTRIB	
		45
1	Hour a.m. While Not While factory, street, office bldg., etc.)	(Stata)
3		
ı	21. I certify that I took charge of the remains described above, held an Autopsy , inspection K, Inquiry , and in my or	pinion
ı	death resulted from, Natural causes [c]. Accident []. Suicide []. Homicide []. Undetermined manner []	
ı	CHIEF MEDICAL EXAMINER	
ı	SIGNATURE DATE SIG	NED
ı	EXAMINER'S DEPUTY MEDICAL EXAMINER Sept. 26-19	966
	NAME (Type) Dr. B.O. Thomas Address (Street, city, town, or county)	
54	22. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State REMOVAL (Specify)	p)
L	Burial 9-28-1966 Mt. Olivet Cemetery Frederick, Md. 21701	
	M.R. Etchison & Son Frederick, Md. 21701 SEP 1 1566 Markey See	
	M.R. Etchison & Son Frederick, Md. 21701 DATE SEP 3 1856 Transley fred	7

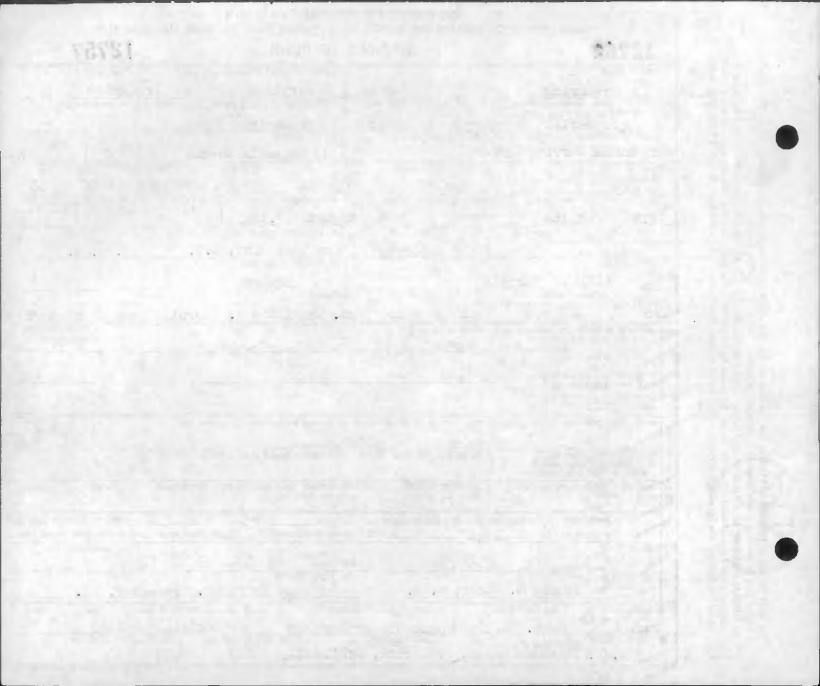


1 (N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
4 E04	CERTIFICATE OF DEATH 12756	1 partition	
hours after death. I in by the funeral rs. Pages 1 and 2 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residen b. COUNTY b. COUNTY	ce before admission)	
fter fter fter	F_ederick MARYLANO Maryland Howard		
urs after of the fur by the fur Pages 1 and fur of the	D. CITY OR TOWN (if outside corporate limits, write RURAL and a write RURAL and give nearest town)	give nearest town)	
hours of the by s. Page hours	Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE	
ithin 24 ho		ON A FARM?	
Fi Series	Frederick Hospital Rt. 144	YES NO X	
를 등 등 E	OF OF SEPTEMBER	19 1966	
* <u>*</u> = = = = = = = = = = = = = = = = = = =	5. SEX   1.6. COLOR OR RACE   7. MARDING   1. NEVED MARDING   1.8. OATE OF BIRTH   19. AGE (In years lift more) YEA		
execute in and co remove in any ev	Female White WIOOWEO OIVORCEO 4-12-1894 72 yrs. Months Cays	Hours Min.	
	10a. JSUAL OCCUPATION (Give kind of work done and industry) 12. CITIZET during most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZET COUNTRY	N OF WHAT	
cate be e physician in please r val, and in	At Home Lincoln, Neb.		
phy n ply val,	13. FATHER'S NAME		
certifica ding ph Then remova	Godfrey Luthy Lennette Ludi		
or it ten	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)		
e geat the at t perm ation,	No ? Mrs. Doris Miller, Rt. 144 Woodbine,		
	DART LOCATE MAD GAUGED BY	SET AND DEATH	
hat the cian. ed by t	IMMEDIATE CAUSE (a) UREMITA		
	Conditions, If any, which ) (b) CHRONIC PYRENEPITRITIS		
requires ding phy been si the bur	gave rise to immediate		
aw regartending the has been as the prior to	cause (a), stating the UVE IV underlying cause last. (c)		
law atten has se as h pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	. WAS AUTOPSY PERFORMEO?	
		ES NO	
pital d fo	202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)    Contribution   Cause of Death		
TYSTIM: 16 hospital his certification for the football of the best of H			
	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    Box   County   County   Factory, street, office bldg., etc.)   County   Factory, street, office bldg., etc.)   County   County   Factory, street, office bldg., etc.)   County   Factory, street, office bldg., etc.)   County   County   Factory, street, office bldg., etc.)   County   Cou	(State)	
by by start			
y be retained y be retained burectors. At age 3 should iled with the 8	A. A.	that (HT)(we) last	
TTE TTE retaine CTOR: Shoul	saw the deceased alive on 9/19 19/66, and that death occurred at 37 M, from the causes and on the da		
	Technical C. Kennells, M.O. PHYS. OIRECTOR   STAFF   9/19	166	
	22c. PHYSICIAN'S NAME (Type)  22d. AOORESS	7 - 6	
ECTITAL age 4 may FUNERAL irector, pa	samt (type)		
TO BOTHTA Page 4 m3 FO FUNERAL director, p	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)	
F F	Burial 9-22-1966 St. Johns Ellicott City, Md 24. FUNERAL DIRECTOR ADDRESS 258. REC'O BY REGISTRAR 25b. REGISTRAR'S SIG	NATIRE	
VR A15 (4)	1 Stephen 1 to 1 t	7	
15M 4-64	F.C. Higinbothom, Ellicott City, Md OATE SEP 2 1 1966 Corle	Judge_	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 5 Months Frederick
d. STREET ADDRESS Frederick 5 Mon.
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? Frederick Nursing Center 613 Magnolia Avehue YES ND IX 3. NAME OF Middle 4. DATE Lost Month DECEASED DEATH SEPTEMBER (Type or print) HAROLD RELVES YARROLL 1966 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED SC NEVER MARRIED B. DATE OF BIRTH lost birthdoy) WIDOWED DIVORCED August 27.1893 Male White BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Self Employed New York City, N.Y. U. S. A. Musician 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Yarroll Unknown signed by the ottendings burial-transit permit. Th 15. WAS DECEASED EVER IN U.S ARMED FD RCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 218 30 8916 Mrs. Charlotte W. Yarroll (Same as item # 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), TO DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the r PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram (1), 1966, to 527 22, 1966, that (I) (we) last saw the deceased glive on 527 22 1966, and that death occurred at 1180 AM, fram causes and an the date stated above. 22 p. SIGNATURE 22b. DATE SIGNED director, page should be filed 22d. ADDRESS Thomas E. Stone, M. D. h West Third St. Frederick, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LDCATION (City or Town) (County) REMOVAL (Specify) Sept. 24.1966 Mount Oliven Cemetery Frederick, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Frederick, Laryland DATE M. R. Etchison & Son.

requires that the death certificate be executed within 24 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick b. COUNTY Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Frederick davs Frederick ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5 Mt. Olivet KKMK Blvd. Frederick Memorial Hospital NO X death certificate be executed within completely 3. NAME OF Month Day Last Year DECEASED XXXXXX 25. (Type or print) DEATH September 19 66 6. COLOR OR RACE | 7. MARRIED | 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. remove NEVER MARRIED leane remove and in any e last birthday) Months | Days White Male Dec. 9, 1894 WIDOWEDXX DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)
RELITED 1aborer None 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Frederick County. Md. removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address been signed by the attent the burial-transit mermit. It to burial, cremation, or i (Yes, no, or unkown) | (If yes give war or dates of service) 5 Mt. Olivet Blvd. Fred.Md. 220-01-5890 Mr. John C allas Yes 1917-1919 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) law requires that to attending physician. DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather than the second than the se WAS AUTOPSY PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) director, page 3 should be detached should be filed with the State Dept. of MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at/15 M, from the causes and on the date stated above. 19. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED M.D. DIRECTOR 4 may PHYSICIAN'S **ADDRESS** director, p NAME (Type) LeRoy T. Davis M.D. N. Market St. Frederick, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 9-28-1966 Arlington National Cemetery Ft. Myer. Virginia Burial 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Frederick, Maryland VR A15 (4) Dai Robert 100 15M 4-64

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